



County of Los Angeles
CHIEF ADMINISTRATIVE OFFICE

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DAVID E. JANSSEN
Chief Administrative Officer

December 13, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

**APPROVAL OF ACCOMPANYING ORDINANCES AND ACTIONS TO ESTABLISH
A PUBLIC HEALTH DEPARTMENT (ALL DISTRICTS) (3 VOTES)**

**IF A SEPARATE DEPARTMENT OF PUBLIC HEALTH IS APPROVED, IT IS
RECOMMENDED THAT YOUR BOARD:**

1. Approve the accompanying ordinances establishing the Department of Public Health, consisting of the following programs: Public Health, Office of AIDS Programs and Policy, Alcohol and Drug Programs Administration, Children's Medical Services, and the Antelope Valley Rehabilitation Centers; creating the office of the Director of Public Health; and revising ordinances related to the Department of Health Services as appropriate to reflect the new Department.
2. Approve the appointment of Jonathan Fielding, M.D., M.P.H. as the Acting Director of the Department of Public Health.
3. Instruct the Director of Health Services and the Acting Director of Public Health to develop and execute the Memorandum of Understanding necessary to delineate the responsibilities and services provided by and for the Departments, and to ensure the continued and improved coordination of public health activities and personal health services.
4. Authorize the Acting Director of Public Health to fill 26 full-time equivalent positions in excess of what is provided for in the Public Health staffing ordinance, pursuant to section 6.06.020 of the County Code, as allocated by the Department of Human Resources, in order to address additional administrative support functions resulting from the establishment of the new Department.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On June 28, 2005, your Board approved, in concept, a separate Public Health Department and instructed my office, working with County Counsel and other affected County Departments, to develop a detailed implementation plan and timetable for establishing the new Department, including programs to be transferred, new proposed organization charts and classification plans, and an equitable distribution of administrative staff support, space and other shared assets, with milestones, assigned responsibilities and action steps for the transition. Your Board also instructed our Departments to develop a Memorandum of Understanding between the Directors of Health Services, Public Health and Mental Health to ensure a smooth transition and ongoing collaboration on prevention initiatives. Further, your Board instructed County Counsel and the Director of Personnel to draft the necessary County Code amendments.

The accompanying ordinances have been drafted and are before your Board for approval, if your decision is to formally approve a separate Department of Public Health. These ordinances will become effective 30 days after your Board adopts them. The ordinances are presented as two action items, one for Title 6 (Personnel) changes and the other for changes to all other relevant code sections to establish the new Department, the position of Director, and the staffing for the new Department, as discussed further below in this letter. As proposed, the new Department of Public Health would consist of Public Health (PH), Office of AIDS Programs and Policy (OAPP), Alcohol and Drug Programs Administration (ADPA), Children's Medical Services (CMS), and the Antelope Valley Rehabilitation Centers (AVRC), the latter currently part of the San Fernando Valley Area.

The attached Implementation Plan describes the ordinance changes, program and financing issues, proposed staffing for administrative support functions, and necessary action steps to establish the Department of Public Health. The Plan also includes draft organizational charts for the new Department and a timeline for accomplishing the transition. The new Department would be established upon the effective date of the ordinances, and the actions needed to implement the administrative infrastructure of the new Department should be completed by the end of March 2006.

The recommendation to appoint Dr. Jonathan Fielding as Acting Director of Public Health will ensure that, should your Board approve the new Department, the leadership will be in place to move forward with the Implementation Plan as proposed, including the critical step of developing and executing the MOU and efforts to fill the additional administrative support positions, including the Chief Deputy and Administrative Deputy positions for the new Department.

Implementation of Strategic Plan Goals

If a separate Department of Public Health is approved by your Board, the Implementation Plan will allow for the establishment of the Department of Public Health, consistent with the principles of the Countywide Strategic Plan, Goal No. 1, "Service Excellence", and Goal No. 3, "Organizational Effectiveness" to assure that the Department operates efficiently and effectively.

FISCAL IMPACT/FINANCING

The effect of this action will be to split the existing DHS budget into two parts, one "roll-up" of budgets associated with Personal Health Services and a separate "roll-up" of budgets associated with Public Health Services. Based on the 2005-06 Final Adopted Budget, the total net financing uses for DHS is \$3.7 billion, which consists of \$663.8 million associated with the programs proposed for the new Department of Public Health and \$3.1 billion associated with the remaining Personal Health budgets. In terms of budgeted positions, the 2005-06 total for DHS is 24,634.2, consisting of 4,121.2 associated with programs for the new Department and 20,513.0 for the Personal Health budgets.

The staffing ordinance change for Public Health will add 26.0 new positions and authorize the filling of those positions. The ordinance also deletes one existing position for a net change of 25.0 positions. The cost of the 25.0 positions is estimated at \$1.7 million, consisting of salaries and employee benefits costs, which will be added to the Public Health budget, in addition to the support positions being transferred from DHS. The 25.0 positions include a net increase of 4.0 positions (5.0 new, offset by 1.0 deleted) and \$0.3 million in cost related to changes in Public Health pharmacy services which are needed regardless of whether the new Department is approved by your Board. The additional staffing costs will be offset by revenue and net County cost (NCC) within the existing Public Health budgets in the new Department.

This action will also result in adjustments to the centralized administrative costs, or overhead, from DHS Health Services Administration (HSA). The following estimates are based on overhead amounts reflected in the DHS 2005-06 Final Adopted Budget. A total of \$8.8 million is associated with the transfer of 136.0 administrative support positions from HSA to Public Health, resulting in a decrease in costs for HSA and a corresponding increase in costs for Public Health, for no net change in appropriation.

The Public Health budgets will no longer be allocated HSA overhead charges, although there will still be overhead charges for administrative support provided by Public Health staff. It is estimated that this change in overhead charges will result in an NCC savings of \$13.7 million from the Public Health programs, which will be available to partially offset the HSA overhead charges which will be shifted to the other DHS budgets. In addition, an estimated \$2.7 million in grant revenues, previously used to cover overhead costs, will be available for other Public Health program costs.

The total amount of overhead budgeted by HSA for Public Health budgets is \$25.8 million. While the transfer of administrative costs from HSA to Public Health will reduce the total amount of HSA overhead by an estimated \$7.4 million, this action will result in an estimated net changes of \$18.4 million in overhead costs to be shifted to other DHS programs, primarily the Enterprise Hospitals. This increase will be partially offset by the \$13.7 million in NCC savings from Public Health and a small amount of revenue associated with additional overhead costs allocated to the Office of Managed Care budget. The remaining \$4.7 million in overhead costs will require offsetting adjustments in the DHS budgets in order for this action to remain cost neutral. A portion of these costs might, in future fiscal years, be offset under the revised Medi-Cal hospital financing program; however, DHS indicates that amount is currently difficult to estimate.

Based on the timeframe for implementing these changes, which will occur late in the fiscal year, the relatively small dollar amounts associated with these changes, and the current projections regarding the status of the DHS and Public Health budgets, we do not anticipate the need for a mid-year appropriation adjustment associated with your Board's action. However, we will continue to monitor the status of the DHS and Public Health budgets and, if appropriation adjustments are needed before the end of the fiscal year, we will include them in our mid-year appropriation adjustment request. Adjustments will be made to the affected budgets during the 2006-07 budget process.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Implementation Plan was developed by a planning group, consisting of staff from DHS (both Health Services Administration and Public Health Services), the Department of Human Resources (DHR) and my office, who met regularly over several months to detail the various issues and to develop an implementation plan and action steps which must be addressed if a new Public Health Department is to be established. Areas discussed included relevant County ordinance changes, program issues, financing issues, and proposed administrative staffing requirements. County Counsel, Auditor-Controller, and Chief Information Office staff also participated in these meetings, as appropriate for areas of discussion.

During these meetings, the planning group discussed the programs to be recommended for inclusion in the new Department and concluded that, if the new Department were approved, there should not be major changes in the way in which the Personal Health and Public Health programs operated. The major changes will only involve the separation of senior management and administrative support functions between DHS and the new Department. The planning group did not revisit policy issues related to the proposal to separate or leave intact the Departments of Health Services and Public Health. However, these issues were raised in meetings with community groups and union representatives, and we believe the issues need to be addressed by both DHS and Public Health management, regardless of your Board's decision to create the new Department.

The planning group found it difficult in several instances to identify the specific shared responsibilities of the Departments. While coordination of activities, services and financing is currently occurring, the specifics of those relationships have not been "formalized" since both the Personal Health and Public Health staff see themselves as part of the same Department. Establishing the separate department will require formalizing those relationships, in order to ensure that these working relationships continue and are enhanced wherever needed. That effort is reflected in the drafting of the Memorandum of Understanding between DHS and the new Department.

The draft MOU consists of a base document, which outlines the general responsibilities shared by both Departments, and various exhibits detailing the areas in which the Departments provide and/or receive services to/from one another, including programmatic areas (such as laboratory services, pharmacy services, radiology services, tuberculosis services, sexually transmitted disease services, and inpatient care) and administrative support areas (such as information systems, shared space, planning and some limited human resources activities).

If your Board decides not to proceed with establishing the new Department, it would still be beneficial for the DHS Director, jointly with the Public Health Director, to develop an intradepartmental policy document, based on the information obtained through this process and further discussion between Departmental staff, which could serve to better delineate the coordination of personal health and public health operations.

The need for additional MOUs between Departments and other County departments, such as the Department of Mental Health, is being reviewed and will be developed if your Board approves the creation of the new Department.

Further, the staff found that there were some areas where changes will be needed, regardless of whether the separate Department of Public Health is established. These include financial issues, including the process by which to allocate available County funding, specifically the \$250.0 million (\$125.0 million for 2005-06 and \$125.0 million for

2006-07) in the Health Services Designation for Future Financing Requirements, and to address potential year-end savings or deficits, in view of the projected 2006-07 deficit for Health Services and the recent changes in Medi-Cal hospital financing.

Areas also include programmatic changes, such as that being pursued for DHS and Public Health pharmacy services. In addition, the review of the County ordinances for the purpose of establishing a separate Department of Public Health has surfaced other "clean-up" changes which should also be pursued, regardless of whether the separate Department is established. These additional, substantive changes will be addressed under a separate ordinance to be filed with your Board in the next 30 days. Additional ordinance changes related to appointees to Commissions, such as the First 5 (Proposition 10) Commission and the Commission on HIV Health Services, will also be filed with your Board in the next 30 days.

ORDINANCE AMENDMENTS

The accompanying ordinance amends Chapter 2.76 of the County Code and reflects the separation of public health and health officer functions from the Department of Health Services, adds Chapter 2.77 creating the Department of Public Health and the office of the Director of Public Health, and makes other, technical amendments to Titles 8, 11, 12, and 20 of the County Code that result from the separation of the public health and health officer functions from the DHS. The accompanying ordinance amendments to Title 6, of the County Code establish new classifications and salaries and reflect the numbers and classifications of departmental staff. DHR staff indicate that some of these classifications have been allocated on a provisional basis and may be reviewed further to ensure that the allocations are appropriate.

The ordinance language defines the Director of Public Health as the County Health Officer, just as is the case currently for the Director of Health Services, and would allow your Board either to appoint a physician as Director of Public Health, who can then also serve as the Health Officer, or to appoint a non-physician as Director of Public Health, in which case your Board would appoint a physician employed by the new Department to perform the Health Officer function. While we support the position held by Public Health staff that a physician should serve as the Director of Public Health, so that the same individual will serve also as the County Health Officer, we are proposing that the ordinance be structured so that it continues to provide your Board with maximum flexibility in making leadership appointments.

The accompanying ordinances have been approved as to form by County Counsel.

Honorable Board of Supervisors
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IMPACT ON CURRENT SERVICES

These actions will affect the administrative support services and budgetary structure for each department. A Memorandum of Understanding between the Departments of Health Services and Public Health will be executed to ensure the continued and improved coordination of public health activities and personal health services.

Respectfully submitted,



DAVID E. JANSSEN
Chief Administrative Officer

DEJ:DL
SAS:JJ:bjs

Attachment

c: Executive Officer, Board of Supervisors
County Counsel
Auditor-Controller
Chief Information Officer
Director of Health Services
Director of Internal Services
Director of Personnel

IMPLEMENTATION PLAN ESTABLISHING A SEPARATE PUBLIC HEALTH DEPARTMENT

On June 28, 2005, the Board of Supervisors (Board) approved, in concept, a separate Public Health Department and instructed the Chief Administrative Officer (CAO), working with County Counsel and other affected County Departments, to develop a detailed implementation plan, timetable and required County ordinance changes for establishing a new Department of Public Health, separate from the Department of Health Services (DHS).

A planning group consisting of staff from CAO, DHS (both Health Services Administration and Public Health), and the Department of Human Resources (DHR) met regularly over several months to discuss in detail the various issues related to establishing the new Department and to develop the implementation plan and action steps which would be needed. Areas discussed included relevant County ordinance changes, program issues, financing issues, and proposed administrative staffing requirements. County Counsel, Auditor-Controller, and Chief Information Office staff also participated in these meetings, as appropriate for areas of discussion.

Program Issues

During these meetings, the planning group discussed the programs to be recommended for inclusion in the new Department and concluded that, if the new Department were approved, there should not be major changes in the way in which the Personal Health and Public Health programs operated. The major changes will only involve the separation of senior management and administrative support functions between DHS and the new Department.

Following discussions between DHS and Public Health and review by the planning group, it was agreed that the programs recommended for the new Department will include Public Health (PH), the Office of AIDS Programs and Policy (OAPP), Alcohol and Drug Programs Administration (ADPA), and Children's Medical Services (CMS), all of which are currently included in the Public Health organizational structure within DHS. It was further agreed that the Antelope Valley Rehabilitation Centers (AVRC), currently budgeted within the San Fernando Valley Area, would be included as part of the new Department. This recommendation is based on the fact that the long-term residential substance abuse treatment services provided by AVRC differ from the acute inpatient care and outpatient services provided by other programs in the San Fernando Valley Area and are similar to the substance abuse treatment services contracted for by ADPA.

While other DHS and Public Health programs were discussed, there did not appear to be strong reasons for realigning these programs to the new Department or for realigning programs from within the current Public Health organization to DHS. These included Juvenile Court Health Services, Health Facilities Licensing and Children's Health Initiative Outreach, among others.

The planning group did not revisit policy issues related to the proposal to separate or leave intact the Departments of Health Services and Public Health. However, these issues were raised in meetings with community groups and union representatives, and CAO staff believes the issues need to be addressed by both DHS and Public Health management, regardless of the Board's decision to create the new Department.

Memoranda of Understanding (MOUs)

If the Board approves the new Department, it is critical that both Departments jointly execute a Memorandum of Understanding (MOU) which delineates the shared responsibilities of each in ensuring that the healthcare needs, both public health and personal health, of County residents are met in the most effective and efficient manner, including the continuation and enhancement of the coordinated efforts currently in place. While the separation of the Public Health programs from DHS is not intended to change the way in which the Public Health and Personal Health operations and service delivery systems function, concerns were raised that, if separated, each Department may eventually come to prioritize efforts within their respective programs, when faced with the on-going reality of limited resources and increasing demand, rather than choosing to continue to integrate and enhance coordination of their operations.

A draft MOU has been prepared and is currently being reviewed by DHS and Public Health staff, and by CAO and County Counsel staff. The draft MOU consists of a base document, which outlines the general responsibilities shared by both Departments, and various exhibits detailing the areas in which the Departments provide and/or receive services to/from one another, including programmatic areas (such as laboratory services, pharmacy services, radiology services, tuberculosis services, sexually transmitted disease services, and inpatient care) and administrative support areas (such as information systems, shared space, planning and some limited human resources activities).

The planning group found it difficult in several instances to identify the specific shared responsibilities of the Departments. While coordination of activities, services and financing is currently occurring, the specifics of those relationships have not been "formalized" since both the Personal Health and Public Health staff see themselves as part of the same Department. Establishing the separate department will require formalizing those relationships, in order to ensure that these working relationships continue and are enhanced wherever needed. That effort is reflected in the drafting of the MOU between DHS and the new Department.

If the Board decides not to proceed with establishing the new Department, it would still be beneficial for the DHS Director, jointly with the Public Health Director, to develop an intradepartmental policy document, based on the information obtained through this process and further discussion between Departmental staff, which could serve to better delineate the coordination of personal health and public health operations.

The MOU between DHS and the new Department will also clarify the responsibilities of each Department for existing contracts that identify the Director of Health Services or designee as the authorized signatory. In instances where contracts deal with services for both DHS and Public Health, the MOU will specify that the Department receiving the majority of services will be designated as the Department to administer the contract through its term. In instances where the contracts deal with services only for Public Health, the MOU will clarify that the Director of Public Health will be the Director of Health Services' designee. If the Board approves the ordinances creating the Department of Public Health, the MOU will be executed by both Departments no later than 30 days following the Board's adoption of the ordinance changes establishing the new Department. Once the Board takes its final action, CAO and County Counsel staff will work with DHS and Public Health staff to ensure that the MOU is finalized and executed by that effective date, and an informational copy of the executed MOU will be provided to the Board.

In addition, if the new Department is established, County Counsel will assist both departments with amending existing contracts if needed to ensure that the contractors are informed of the Board's action and that the contracts contain appropriate provisions to reflect administrative, fiscal and programmatic oversight.

Finally, separate MOUs will be developed, where necessary, between Public Health and other County Departments such as the Departments of Mental Health and Human Resources, Internal Services Department, Sheriff's Department, and Auditor-Controller for administrative support activities, including facilities maintenance, audit investigations, and advocacy, or for programmatic services. Existing MOUs between DHS and other County Departments will be reviewed and modified, as needed, to reflect the separation of Public Health programs from DHS.

County Code Changes

County Counsel has drafted changes to the Los Angeles County Code which are required to establish the new Department of Public Health, including separating the Public Health and Health Officer functions from the Department of Health Services. These County ordinance changes fall into three categories: (1) new chapters; (2) substantive amendments; and (3) technical amendments.

The first category, new chapters, involves additions to Titles 2 (Administration) and 6 (Personnel) of the Code. Specifically, Chapter 2.77 is added to create the Department of Public Health. This Chapter details the functions of the new Department, similar to that which currently exists for the Department of Health Services under Chapter 2.76.

Likewise, Chapter 6.77 is added to accommodate Public Health related personnel items that must be removed from Chapter 6.78, relating to the Department of Health Services. DHR staff indicate that some of the classifications contained in the ordinance of the new Department have been allocated on a provisional basis and may be reviewed further to ensure that the allocations are appropriate.

The second category, substantive amendments, involves deleting provisions from Chapter 2.76 that are no longer necessary in light of the creation of the new Department. For the most part, this work deletes any references to the Health Officer function, as well as all references to Public Health functions and transferring those functions to the Public Health Department's new ordinance.

The third category, technical amendments, will involve updating statutory and legal references found throughout current, various chapters in Titles 8,10,11,12, and 20 of the County Code, as well as repealing any provisions that are no longer operable or relevant. In Title 11, Health and Safety Code, the specific references to the Director of Health Services as the County Health Officer have been amended. References throughout Title 11 have been revised as needed to separate and clarify the functions.

Health Officer Function

Under existing state law, it is not a legal requirement that the Director of Public Health also be the Health Officer. The Health Officer must be a graduate of a medical school while the Director need not be. The Board has the discretion to combine the two positions or separate them.

After further discussion by the planning group, it is recommended that the ordinance establishing the Public Health Department reflect the same language for the Director of Public Health that is currently in place for the Director of Health Services. This language would define the Public Health Director as the County Health Officer and would allow the Board either to appoint a physician as Director of Public Health, who can then also serve as the Health Officer, or to appoint a non-physician as Director of Public Health, in which case the Board would appoint a physician employed by the new Department Public Health to perform the Health Officer function. Public Health staff strongly recommend that a physician serve as the Director of Public Health who can then serve also as the County Health Officer. While the CAO supports the position held by Public Health staff, the recommended ordinance maintains maximum flexibility for the Board in making its leadership appointments.

The ordinance changes are being presented to the Board as two actions, one including all changes to Title 6 related to personnel matters and the other including all other ordinance changes required to establish the new Department. In addition, the review of the County ordinances for the purpose of establishing a separate Department of Public Health has surfaced other "clean-up" changes which should also be pursued, regardless of whether the separate Department is established. These additional, substantive changes will be addressed under a separate ordinance to be filed with the Board by

January 2006. Additional ordinance changes related to appointees to Commissions, such as the First 5 (Proposition 10) Commission and the Commission on HIV Health Services, will also be filed with the Board by January 2006.

Financing Issue

The effect of this action will be to split the existing DHS budget into two parts, one "roll-up" of budgets associated with Personal Health Services and a separate "roll-up" of budgets associated with Public Health Services. Based on the 2005-06 Final Adopted Budget, the total net financing uses for DHS is \$3.7 billion, which consists of \$663.8 million associated with the programs proposed for the new Department of Public Health and \$3.1 billion associated with the remaining Personal Health budgets. In terms of budgeted positions, the 2005-06 total for DHS is 24,634.2, consisting of 4,121.2 associated with programs for the new Department and 20,513.0 for the Personal Health budgets.

Current Budget Structure and Proposed Separation

The current DHS budget consists of a "roll-up" of 12 operating budgets and four non-operating budgets. The 12 operating budgets include seven General Fund budgets and five Enterprise Hospital Fund budgets. General Fund budgets are: Health Services Administration (HSA); Office of Managed Care (OMC); Public Health; OAPP; ADPA; Juvenile Court Health Services (JCHS); and CMS. Enterprise Fund budgets are: LAC+USC Healthcare Network (LAC+USC Medical Center; comprehensive health centers and health center); Coastal Area (Harbor/UCLA Medical Center; comprehensive health center and health centers); San Fernando Valley Area (Olive View/UCLA Medical Center; High Desert Multi-Service Ambulatory Care Center (MACC); AVRC; comprehensive health center, health centers and school-based clinic); Southwest Area (Martin Luther King, Jr./Drew University Medical Center; comprehensive health center and health center); and Rancho Los Amigos National Rehabilitation Center.

The four non-operating budgets are: Tobacco Settlement Programs (budgeted Tobacco Settlement funds not yet allocated to specific program uses), Health Care (intergovernmental transfer or IGT funds needed to draw down SB 855 Disproportionate Share Hospital funds), Realignment (Realignment Sales Tax revenue); and Contributions to Hospital Enterprise Funds (County funds allocated to the DHS Enterprise Hospital budgets).

The budgetary adjustments needed to formalize the creation of separate "roll-up" budgets for DHS and the new Public Health Department will be included in the 2006-07 Proposed Budget process in February and March 2006, including any necessary adjustments to eCAPS. The specific operating budgets that are recommended for inclusion in the new Public Health Department are Public Health, OAPP, ADPA, CMS, and AVRC. The non-operating budgets will remain part of the DHS budget.

Creation of a "roll-up" budget for the new Department will be relatively straight-forward, since the affected Public Health programs are currently established as four separate budgets within the overall DHS budget. These four budgets, which are already distinct budget units, would remain distinct but would be considered under a separate "roll-up" as the new Department. Budgetary control would remain at the current levels for these units. While AVRC is not currently established as a separate budget unit and is included in the San Fernando Valley Area, the budget is currently assigned a unique budget number which will allow the creation of their unit as a separate budget also to be done in a relatively straight-forward manner.

County funds are provided to DHS to meet statutory maintenance of effort (MOE) requirement, and funds above that amount are provided at the discretion of the Board. County funds provided to the Public Health budgets, even if they are established as a separate Department, will be included in the amount needed to meet the statutory MOE. The allocation of County funds and Realignment Sales Tax will be adjusted accordingly to balance the DHS and Public Health budgets.

No impact is expected for specific program revenues since they will remain aligned as they are currently under the operating budget structures. This includes special funds and trust funds currently associated with specific programs. Further, no impact is expected on the allocations of Measure B Special Tax revenues and Tobacco Settlement funds, which are approved on a program by program basis by the Board and will continue to be allocated on this basis.

Increases in operating costs and, given the projected Health Services fiscal deficit, potential curtailments will be considered as part of the 2006-07 budget process, with the difference that the new Department will submit recommendations directly to the CAO, rather than being incorporated into the DHS budget request. CAO staff will then develop recommendations based on their reviews of the DHS and the Department of Public Health Proposed Budget submissions, including the recommended allocation of additional County funds from the \$250.0 million (\$125.0 million for 2005-06 and \$125.0 million for 2006-07) in the Health Services Designation for Future Financing Requirements, and increases in Realignment Vehicle License Fees.

Other issues, such as how to reflect potential year-end savings and/or deficits for the DHS and Public Health budgets, will also be addressed during the 2006-07 budget process.

Although the planning group did not find any major impact on discounts from bulk purchases, for example, from separating the DHS and Public Health operations, aside from the pharmacy services issues discussed further below, DHS and the new Department are continuing to review this area to ensure that any potential issues can be identified and addressed during the implementation stage.

Centralized Administrative Support Costs (Overhead)

Currently most centralized administrative costs from HSA are billed to the other DHS operating budgets, including the Public Health programs, as "HSA overhead." A portion of the administrative overhead costs is reimbursed to the County through the indirect cost rate charged to Public Health program grants. The action to create a new Department will result in adjustments to the overhead costs allocated to Public Health.

With the creation of the new Department, the Public Health budget will be adjusted to include centralized administrative support staff and directly billed costs for the new Department, as discussed further below. This will replace the general HSA overhead amounts currently billed to the Public Health budgets. The HSA overhead costs will be reduced by the administrative staffing costs and services and supplies costs being transferred to Public Health, and the remaining HSA overhead costs previously charged to Public Health, but not associated with support of Public Health activities, will be shifted to the remaining DHS budgets, primarily the Enterprise Hospital budgets.

The proposed staffing ordinance changes reflect the transfer of 136.0 administrative positions from HSA to Public Health to reflect the distribution of staffing resources, as discussed further below, for functions such as human resources, finance, contracts and grants management and monitoring. The salaries and employee benefits costs of these positions is estimated at \$8.8 million. Since the positions and cost of these finance and administrative units are included in the HSA budget, they will need to be moved into the Public Health budget.

The Public Health budgets will no longer be allocated HSA overhead charges, although there will still be overhead charges for administrative support provided by Public Health staff, including those positions transferred from HSA. Based on overhead amounts reflected in the DHS 2005-06 Final Adopted Budget, it is estimated that the change in overhead charges will result in an NCC savings of \$13.7 million from the Public Health programs, which will be available to partially offset the HSA overhead charges which will be shifted to the other DHS budgets. In addition, an estimated \$2.7 million in grant revenues, previously used to cover overhead costs, will be available for other Public Health program costs.

The total amount of overhead budgeted by HSA for Public Health budgets is \$25.8 million. While the transfer of administrative costs from HSA to Public Health will reduce the total amount of HSA overhead by an estimated \$7.4 million, this action will result in an estimated \$18.4 million in overhead costs to be shifted to other DHS programs, primarily the Enterprise Hospitals. This increase will be partially offset by the \$13.7 million in NCC savings from Public Health and a small amount of revenue associated with additional overhead costs allocated to the Office of Managed Care budget. The remaining \$4.7 million in overhead costs will require offsetting adjustments in the DHS budgets in order for this action to remain cost neutral. A portion of these costs might, in future fiscal years, be offset under the revised Medi-Cal hospital financing program; however, DHS indicates that amount is currently difficult to estimate.

If the new Department is established during 2005-06, it is not currently anticipated that an appropriation adjustment will be necessary, based on the timeframe for implementing these changes, the dollar amount associated with the changes, and current projections regarding the status of the DHS and Public Health budgets. However, CAO, DHS and Public Health staff will continue to monitor the status of the Department's budgets and, if appropriation adjustments are needed before the end of the fiscal year, they will be included in the CAO's mid-year appropriation adjustment request.

Public Health Management Infrastructure and Administrative Support

In order to determine the administrative staffing needs for the new Department, the planning group conducted a series of meetings to review the existing staffing and workload for the major administrative support areas within DHS, including Public Health programs, and the projected staffing and workload needs for the new Department. In these meetings, the group discussed staffing models which the participants felt would best serve the operational needs of both the new Department and of DHS, while acknowledging the current funding restrictions.

The group recognized that the existing DHS infrastructure is not, in some areas, fully staffed to meet existing workload needs, as a result of administrative curtailments to meet System Redesign savings targets. This was taken into consideration in reviewing the numbers of positions to be transferred to the new Department and where new positions may be needed in DHS and/or the new Department. The discussion below presents the planning group's proposals for staffing changes, if the Board approves the establishment of the new Department.

The consolidation of the four Public Health units and AVRC as a separate Department requires establishing centralized administrative units for finance and budget, contract development and monitoring, personnel, materials management, facilities and space management, communications, governmental relations and planning, audit and compliance, risk management/quality assurance, information systems/information technology, and capital projects.

Public Health will be identified as the central administrative budget, just as HSA is for DHS, incorporating the senior management and centralized administrative support functions for the new Department. It is anticipated that the existing Director of Public Health position will be established as the Director of the new Department of Public Health, and that the Board will be asked to appoint the current Director of Public Health as the Acting Director of the new Department. This position is currently in the HSA budget and will be transferred, along with an executive secretary position, to Public Health.

In addition, new positions include: a Chief Deputy, a Secretary for the Chief Deputy and a Special Assistant for the Director of Public Health. The new functions of Administrative Deputy and Chief Financial Officer will be addressed by transferring

existing positions from HSA to Public Health, which were included in the administrative consolidations. The proposed organizational charts for the new Department, including the centralized support units, are attached.

Based on the discussions, the number of positions needed by the new Department to perform centralized administrative support and program functions is 161.0 budgeted positions, including 136.0 existing budgeted positions, to be transferred to Public Health from HSA. The staffing ordinance change for Public Health will add 26.0 new positions and authorize the filling of those positions. The ordinance also deletes one existing position for a net change of 25.0 positions. The estimated cost for the addition of 25.0 positions is \$1.7 million for salaries and employee benefits. Included in the 25.0 positions is a net increase of 4.0 budgeted positions (5.0 new positions, offset by 1.0 deleted position) related to pharmacy services, which are needed regardless of whether a separate Department of Public Health is established. The additional staffing costs will be offset by revenue and NCC within the existing Public Health budgets in the new Department.

In discussing the distribution of existing administrative support positions in DHS/HSA to a new Public Health Department, it was agreed that administrative support positions, which were transferred from Public Health to HSA as part of the administrative consolidations, will be transferred back to Public Health. Further, positions which are identified as currently providing administrative support solely to Public Health operations will also be transferred to the new Department.

In instances where positions are identified as providing administrative support for only a portion of the time, estimates were developed to determine the number of full-time equivalent (FTE) positions providing administrative support to Public Health, which will be transferred to the new Department.

Regarding potential impact on employees, it is expected that employees who are currently filling positions performing duties entirely related to Public Health operations will be reassigned to the new Department. Where employees are in positions performing Public Health related duties only part of the time, letters will be sent to affected employees asking whether they are interested in reassignment to the new Department. The final decision on employee reassignments will be made by senior management at DHS and Public Health. All proposals affecting represented employees will be discussed with union representatives.

Letters to affected employees will be sent shortly after the Board's final approval of the ordinance changes.

Filling the new positions needed for the new Department will be handled using the same process currently used for filling vacant positions in County Departments.

Human Resources

It was determined that separate Human Resources operations should be established for DHS and the new Department in order to best meet the operational needs of each Department. A total of 17.0 FTEs in HSA were identified as supporting Public Health operations, several of which had been part of the Public Health budget prior to the administrative consolidations and will be transferred back to Public Health. An additional 18.0 positions are proposed to support Human Resources activities in the new Department. These new positions will be assigned to the classification, examinations, payroll, operations, leave management, employee relations, and workers' compensation units. This will leave 283.0 budgeted positions in HSA, per the 2005-06 Adopted Budget, to support Human Resources operations for DHS. DHS indicates that, if the positions are transferred to the new Department, further discussion may be necessary regarding additional positions for DHS Human Resources, particularly in the areas of organizational development/training, return to work and performance management.

Pharmacy Services

In its review of areas where bulk purchases are shared by DHS and Public Health, the planning group identified pharmaceutical purchases as an area that will require action, regardless of whether the new Department is established. Currently Public Health pharmaceuticals are purchased through the LAC+USC Medical Center under the federal 340B purchasing program which allows for the direct purchase of pharmaceuticals at a discounted rate. The DHS and County Counsel have recommended that the Public Health clinics obtain their own certification to participate in the 340B program, for regulatory purposes as established by federal guidelines. Consistent with this recommendation, Public Health is currently working with County Counsel and DHS to obtain the necessary licensing/permits.

It is anticipated that the necessary licenses and permits will be in place by January 2006, to coincide with the establishment of the new Department, if approved by the Board.

As part of the review of the pharmaceutical program in Public Health, it was also determined that additional staff will be needed for both the LAC+USC Medical Center and Public Health to fully operationalize the tracking and monitoring processes for pharmaceuticals, again, regardless of whether the new Department is established. The number of staff determined to be needed for these purposes for the new Department will be a total of 10.0 budgeted positions, including 6.0 existing budgeted positions and a net increase of 4.0 additional budgeted positions.

The total positions determined to be needed for the LAC+USC Medical Center is 4.0 budgeted positions. These positions will be included in the DHS 2006-07 Proposed Budget request.

Contracts and Grants/Contract Monitoring

It was determined that a separate Contracts and Grants unit should be established for the new Department. Thirteen FTEs are proposed for transfer from DHS to Public Health, some of which currently work exclusively on Public Health contract issues. No new staff will be required. This will leave 38.0 positions in HSA, per the 2005-06 Adopted Budget, to support Contracts and Grants operations for DHS.

The allocation of Contracts and Grants positions for Public Health was based on the estimate from Contracts and Grants staff that approximately 23 percent of staff time during the period reviewed related to Public Health agreements. Most ADPA and OAPP contracts development is handled by staff in those Public Health programs.

It was determined that a separate Contract Monitoring unit should be established for the new Department. Twenty-two FTEs are proposed to be transferred from HSA, which includes a number of positions assigned full-time to provide fiscal monitoring of Public Health contractors and several positions working at least part of the time on administrative monitoring for Public Health. Based on preliminary discussion, no new positions will be needed. This will leave 17.0 budgeted positions in HSA, per the 2005-06 Adopted Budget, to support Contract Monitoring operations in DHS. DHS indicates that this is an area where further review in the future is necessary to determine whether additional positions may be needed to meet the Board's directives regarding contract monitoring.

In finalizing the proposed centralized Contracts and Grants and Contract Monitoring units in Public Health, the existing staffing in the Public Health budgets will also be reviewed at a future date for potential consolidation to some extent in the centralized unit in Public Health.

Finance/Materials Management

It was determined that a separate Finance unit should be established for the new Department. As part of the administrative consolidations, Finance positions were transferred to HSA from Public Health. The positions remained in a separate unit in order to ensure proper tracking of administrative costs claimed to the various grant and revenue programs in Public Health, and these positions will be transferred to the new Department, if established. A total of 58.0 budgeted positions will be transferred and no new positions will be needed. This will leave 357.0 budgeted positions in HSA, per the 2005-06 Adopted Budget, to support Finance operations, including the Consolidated Business Office (CBO), in DHS.

There are some areas in Finance where either the new Department or HSA may elect to contract back with the other to provide administrative support, e.g. eCAPS support (Public Health with HSA) or invoice processing (HSA with Public Health). This is an area where additional discussions are scheduled, since both HSA and Public Health may elect to contract for some support services with another central service County Department under the shared services model.

Further discussion will also consider the staffing in the separate finance units in Public Health, ADPA, OAPP and CMS, for potential consolidation to some extent in the centralized unit in Public Health.

Of the 58.0 budgeted positions identified for transfer to Public Health, five are in the Materials Management unit. It was determined that a separate Materials Management unit should be established for the new Public Health Department. Based on preliminary discussions, no new staff will be required. The existing staffing in the Public Health budgets who may be involved with Materials Management will also be reviewed at a future date for potential consolidation to some extent in the centralized unit in Public Health.

Communications, Governmental Relations, Planning

Further discussion will be scheduled to determine whether and to what extent separate units should be established for the new Department for Communications, Governmental Relations and Planning. The issues discussed below are based on preliminary discussions by the planning group.

External Relations and Communications: The proposed organization of the new Department of Public Health will include an External Relations and Communications unit. The scope of this unit includes not only public information and press relations, but also proactive communications through health and prevention campaigns targeting various populations using diverse languages. This unit also includes governmental relations and relations with key stakeholders, including business, cities, schools, and community providers.

As part of the administrative consolidations, the HSA and Public Health Communications offices were consolidated. The consolidated office receives the initial calls from the media for Public Health, but Public Health-related calls received by the unit are forwarded to the Director of Public Health and the Chief of Operations, Public Health to determine which Public Health units can respond. Press releases for Public Health are finalized and issued by the consolidated communications office, but generally drafted by Public Health. Several Public Health units have staff, whose duties include work on external communications and Public Health maintains the grant-funded Bioterrorism Risk Communications unit. HSA estimates that approximately 90 percent of the work handled by the HSA External Relations unit relates to the County hospitals.

A major issue for DHS in this area is the potential need to address shared media equipment, particularly graphics capability recently purchased in large part with Bioterrorism Preparedness funds. To some extent, it may make sense to continue to share use of the equipment and contiguous space, but that will be determined with further discussions. As an interim measure, DHS and Public Health may continue to operate with separate staffing in shared space.

Governmental Relations: It appears that the workload handled by the four staff in the office is split evenly between Public Health and DHS, although most of the legislative analysis on Public Health issues is performed by Public Health program staff. The Governmental Relations unit is charged primarily with central coordination of legislative review and in resolving issues that arise when different programs within DHS may have conflicting points of view and recommend conflicting County positions. Given the existing staffing level at HSA, it may not be feasible to divide the staff. Leaving the HSA Governmental Relations unit intact will require adding at least one additional position in Public Health as the point person for legislative coordination. An additional budgeted position has been included to function in this capacity, as well as perform duties related to External Relations and Communications.

Planning: Much of the work currently performed by the HSA Planning unit relates to County hospital operations and initiatives, although staffing needs for both personal health and public health have grown with implementation of the Performance Counts! Program Budgeting/Strategic Plan effort. A Planning, Evaluation, and Development unit is proposed for the new Department, utilizing existing Public Health positions.

Some planning activities are already occurring in Public Health programs (OAPP, ADPA, CMS), and further discussion will determine the extent to which these activities can also be centralized in the new Department. Because of the interactive nature of the relationship between the HSA and Public Health planning efforts, with the HSA Planning Unit in particular dependent on Public Health for data, this is an area that will need to be addressed in the MOU between the two Departments.

Audit and Compliance

It was determined that, for the most part, a separate unit would not need to be created in the new Department, and no staff will be transferred from DHS to Public Health. This will leave 37.0 budgeted positions in HSA, per the 2005-06 Adopted Budget, to support Audit and Compliance activities for DHS.

The Audit and Compliance Division within DHS is comprised of four units: Audits, Investigations and Medical Malpractice (A/I); Information Systems and Contracts; Health Authority Law Enforcement Task Force (HALT); and Compliance and Legal/Contract Compliance.

Rather than establish a separate unit, it was determined that the best approach may be for the new Department to make arrangements with the Auditor-Controller to handle their audits. This was based on the existing heavy workload of the A/I unit within DHS and the projected workload needs for Public Health. The preliminary estimate from Auditor-Controller staff is that the workload may require 1.0 additional FTE. This position is not included in the estimate above for new staffing needed, but will be reflected in the estimates for additional services and supplies costs from other County Departments.

The Compliance unit deals primarily with hospital Medicare and Medicaid requirements and the current workload deals only minimally with Public Health programs. Therefore, no positions are proposed for transfer to Public Health, and the unit will remain intact at HSA.

The HALT unit will remain at HSA, since very little of the workload is related to Public Health. The HALT unit currently has an MOU with the Sheriff's Department and the Los Angeles Police Department for deputies and officers who participate in HALT activities.

Risk Management/Quality Assurance

It was determined that most of the Public Health related workload handled by the current Risk Management/Quality Assurance unit in DHS involved employee relations issues, rather than the clinical issues which constitutes most of the workload from hospitals and health centers. The Public Health workload appears to comprise only a minor portion of the unit's current workload, with an estimate of approximately 0.2 FTE. Therefore, no positions will be transferred from DHS to Public Health. It is expected that the new Department would make arrangements to have the DHS unit continue to provide the services or to engage in discussions with CAO Risk Management, for example, on a potential shared services model.

Facilities and Space Management

Public Health operates clinics and has field staff based at 15 health centers or satellite sites, including five at which PPPs provide services and two at which Personal Health provides services. It is anticipated that these co-locations would continue to operate as they currently do. In addition, Public Health has program staff located in various County-owned and leased buildings. Public Health currently relies on DHS for facilities management, capital projects and for certain maintenance and renovation services. Arrangements between the new departments would need to be negotiated to preserve facility support services.

Space Management

The planning group reviewed current space utilization and has determined that additional space would not be required if a separate Department of Public Health is created. The discussions did not address other potential program needs for additional space, which may be required regardless of the proposal to create a separate Department.

DHS and Public Health staff are discussing changes to existing space use which may be necessary if the new Department is created, including what administrative functions should be consolidated or moved from shared administrative space at the DHS Headquarters at 313 North Figueroa to the DHS facility in Commerce (5555 Ferguson Drive) or vice versa. Staff moves may potentially affect around 30 employees and is expected to be completed by early February of 2006. Other staff movements are minor and consist of moves by staff to different locations within the same facilities. These movements are expected to be completed by the end of January 2006. All staff relocations will be discussed, as appropriate, with union representatives.

Senior management for both DHS and Public Health will continue to be based at the central headquarters at 313 North Figueroa. With respect to the issue of "proprietor tenant" as the landlord and "tenant" in shared spaces, the CAO's basic guideline is to consider as "proprietor" the County Department which utilizes the majority of the space. The other department will pay its share of operating costs for the facility. Decisions about increases or decreases in space and or support services will be negotiated between the departments.

This issue, as well as the methodology for cost allocation, will be determined in further discussions between DHS and the new Department and incorporated into the MOUs.

There is a total of 589,857 square feet (sq. ft.) Countywide that is leased exclusively for Public Health, and a total of 53,734 sq. ft. leased exclusively for Health Services Administration (HSA). A total of 71,396 sq. ft. is leased where HSA and Public Health share space, of which Public Health occupies 38,238 sq. ft. and HSA occupies 33,158 sq. ft. Public Health also shares leased space with Personal Health totaling 38,372 sq. ft., of which Public Health occupies 16,507 sq. ft. and Personal Health occupies 21,865 sq. ft. of space.

Within County-owned facilities, adjusted for space at 313 North Figueroa Street that will continue to serve as departmental headquarters for both operations, a total of 489,759 sq. ft. is shared by Public Health who occupies 231,337 sq. ft. of this space and HSA who occupies 258,422 sq. ft. of space. In addition to sharing space with HSA in County owned facilities, Public Health also shares a total of 593,699 sq. ft. of County-owned space with Personal Health of which Public Health occupies 71,370 sq. ft. and Personal Health occupies 522,329 sq. ft. of space. Public Health operations are also located in various courthouses countywide, totaling 51,858 sq. ft. of County bond financed space.

Facilities Unit

It was determined that a separate Facilities Unit should be established for the new Department, while certain functions in this area would continue to be shared by both DHS and the new Department. It is proposed that 22.0 positions be transferred from DHS to the new Department, including some positions which were transferred from Public Health as part of the administrative consolidations. One new item will be added as the Facility Manager for the new Department to handle their lease agreements. This will leave 35.0 budgeted positions in HSA, per the 2005-06 Adopted Budget, to support Facilities and Space Management activities for DHS.

The DHS Facilities Management Division includes 60.0 budgeted positions and performs the following functions: day to day activities, such as routing incoming phone calls, mail and payroll activities; technical issues related to phone and cell phone use; custodial services for eight health centers and HSA; building and crafts needs for the facilities; and lease agreements. Some of the custodial services positions are currently assigned exclusively to Public Health areas and will be included in the positions transferred to the new Department.

For Building and Craft services, Public Health currently receives services from the hospital facilities staff located in closest proximity to the Public Health site. The planning group will have further discussions on whether and how to continue this relationship, as well as the potential for seeking these services from ISD, where appropriate. Either decision will result in the need for negotiations between Public Health and the hospitals or ISD to provide these services, and these arrangements will need to be reflected in the MOUs.

Information Systems (IS)/Information Technology (IT)

Because both DHS and Public Health currently maintain separate IS units and IT systems, it was determined, at least initially, that both units should maintain operations as they currently exist. Where HSA systems support Public Health or Public Health systems support HSA, billing mechanisms will be developed and systems descriptions will be incorporated into the MOUs.

Public Health has many IT applications, software, and systems that relate specifically to their mission, and Public Health budget units, such as OAPP, CMS, and ADPA, have their own IT staff budgeted. Many IT systems within the Department are currently operated by DHS/HSA IT staff, who provide service/data to/for Public Health, as well as the other parts of DHS. IT infrastructure issues operated/maintained by DHS/HSA would be costly to duplicate for Public Health, and that is not, therefore, being considered at this time.

With respect to compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements, many of the tasks required by HIPAA have already been addressed by Public Health as part of the DHS compliance plan. However, if established as a separate Department, Public Health will need to develop its own policies and procedures, perhaps based on the DHS model which they have followed so far, separate MOUs with other County departments and agreements/amendments with their vendors. Public Health will also need to address the need for staff assigned to handle HIPAA security and privacy issues. These actions will be addressed during first three months of implementation, in consultation with County Counsel, the Auditor-Controller's Office and the CAO.

Examples of areas where services are provided by either DHS or Public Health to the other department include: e-mail and other communications services, where both DHS and Public Health IT staff provide support services for various DHS and Public Health units; Website/Internet, where several positions support Website/Internet sites for both DHS and Public Health; Networking Services, where in some locations, Public Health is responsible for and maintains data lines up to the wall jack, while HSA provides support services for computers; and Application Development, where, for example, the DHS Human Resources system, Item Management, is totally supported by HSA staff, but the application is utilized by all of the Public Health programs.

The planning group is continuing to review DHS and Public Health IT operations to determine staffing and services provided, and will discuss further a shared services model which could be developed with ISD. In addition, areas to be addressed are: process for addressing future systems needs for both DHS and Public Health; and potential issues regarding sharing of Protected Health Information (HIPAA related)/medical records where patients are treated/seen in public health clinics and/or DHS hospital/clinic, and where it is necessary to refer to the public health record/medical record, where applicable, for the patient's treatment/follow-up.

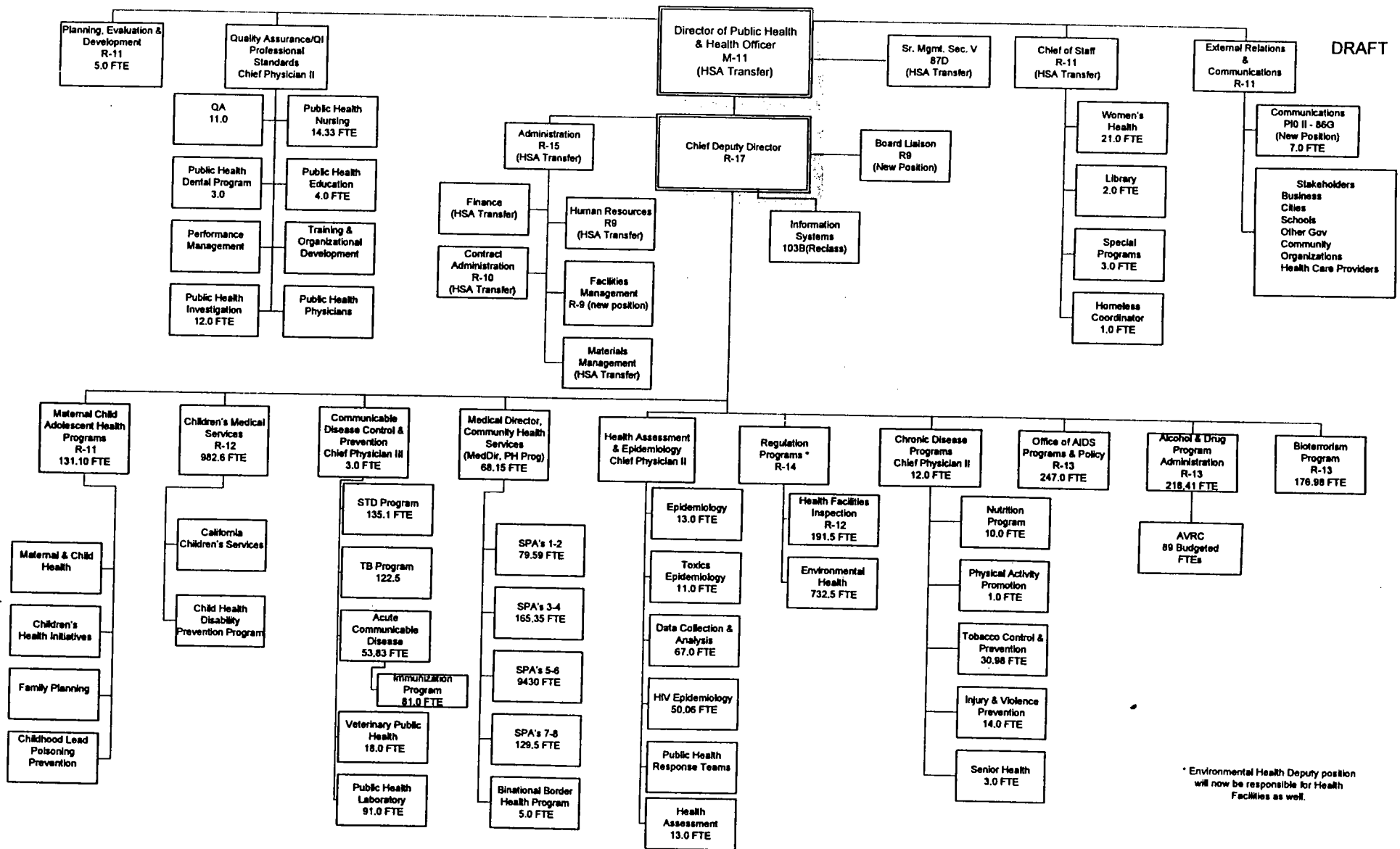
Capital Projects

Based on the current workload, it was determined that it is not necessary to establish a separate Capital Projects unit in the new Department, and therefore no staff will be transferred from DHS to Public Health. Based on further discussions, it may be necessary to add one additional position to coordinate Capital Projects issues for Public Health, but initially it is expected that those responsibilities will be handled on a part-time basis by existing Public Health staff. This will leave 12.0 budgeted positions in HSA, per the 2005-06 Adopted Budget, to support Capital Projects functions for DHS.

There are currently 22 Public Health capital projects with a total estimated cost of \$19.9 million. Of that amount, \$15.2 million is for the new Public Health Laboratory. It is estimated that 1 FTE will be needed to manage all of the Public Health capital projects; however, in recognition of the peaks and valleys in the volume of Public Health capital projects, it was determined that the best option initially will be for Public Health to have HSA staff continue to provide services to Public Health on a per project basis via an MOU.

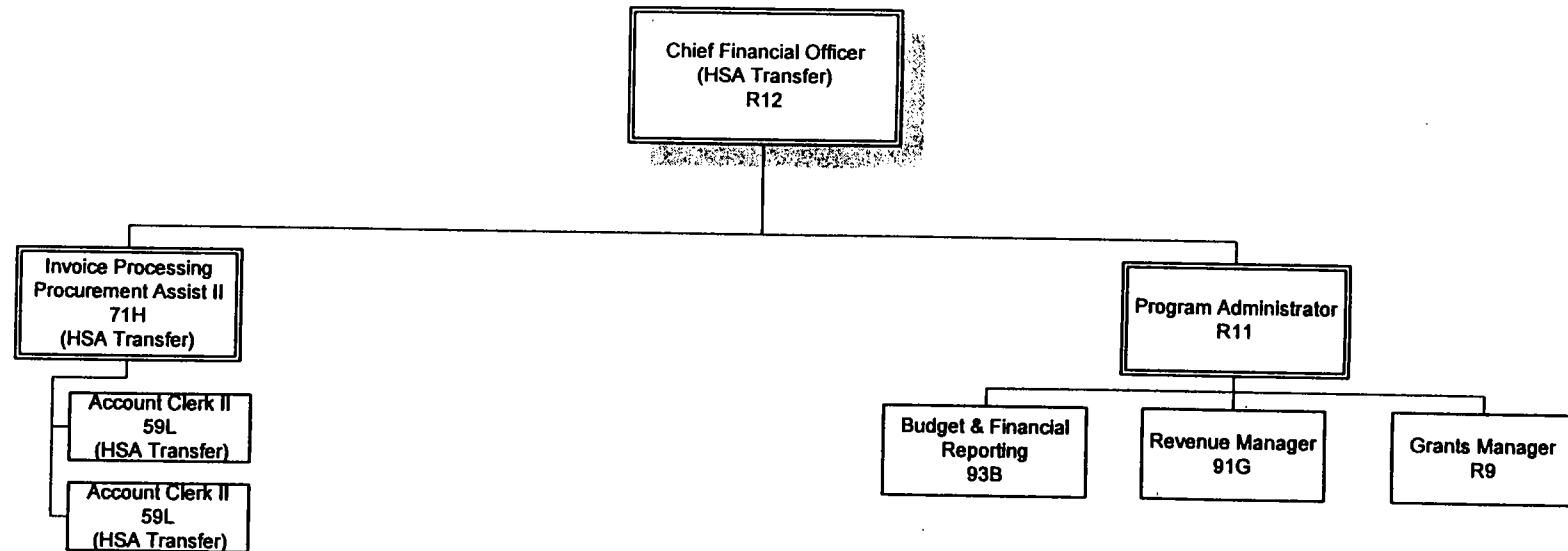
Implementation Plan and Timeline

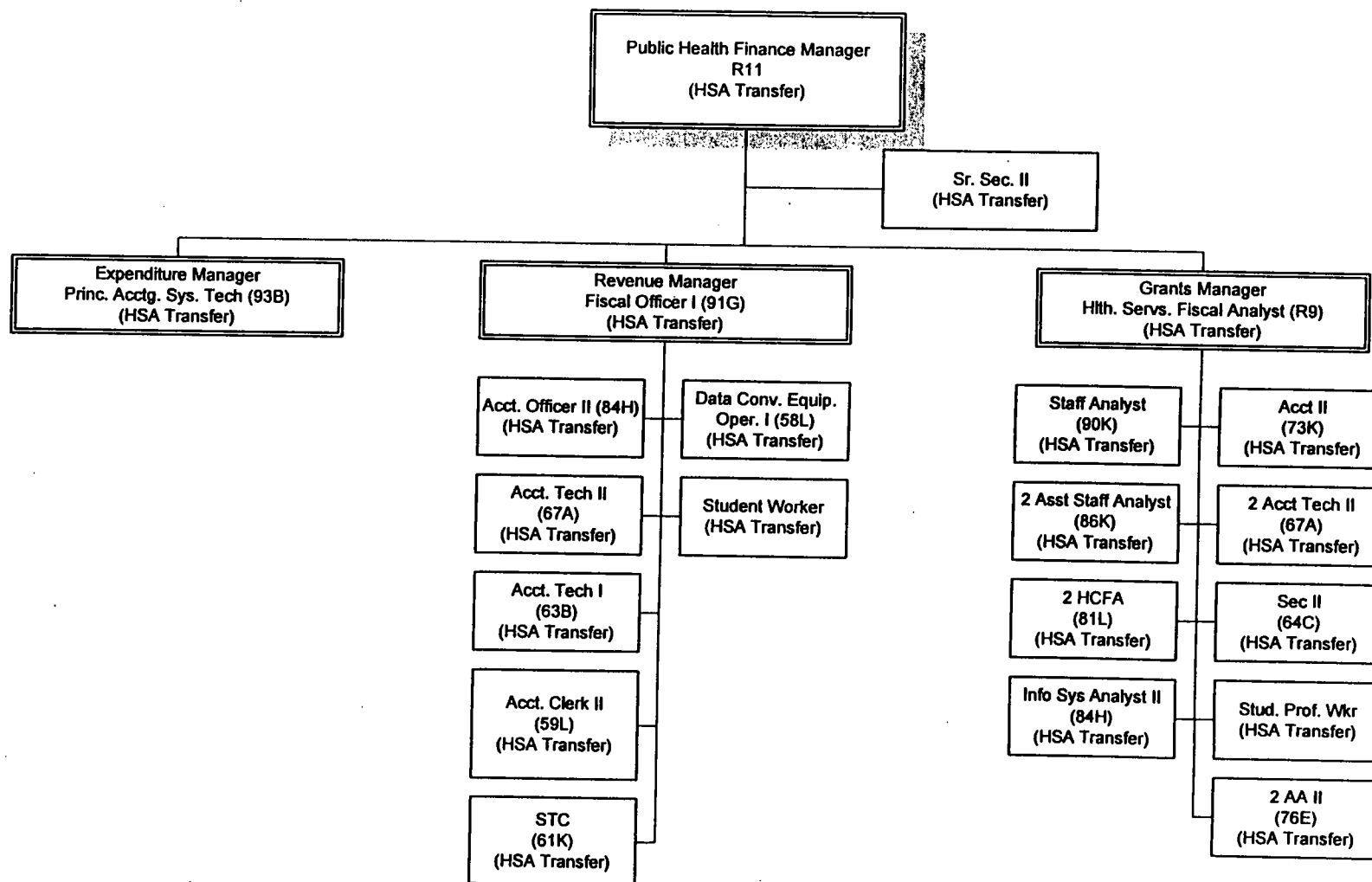
It is expected that the establishment of the new Department of Public Health, if approved by the Board, will become effective 30 days after final adoption of the ordinance changes. Board action on the proposed new Department is scheduled for December 13, 2005, with ordinances returning for final adoption on December 20, 2005. Full implemented is expected by the end of March 2006. Budgetary changes to the departmental roll-ups will be effective July 1, 2006 for the 2006-07 Budget. The proposed implementation timeline is attached.



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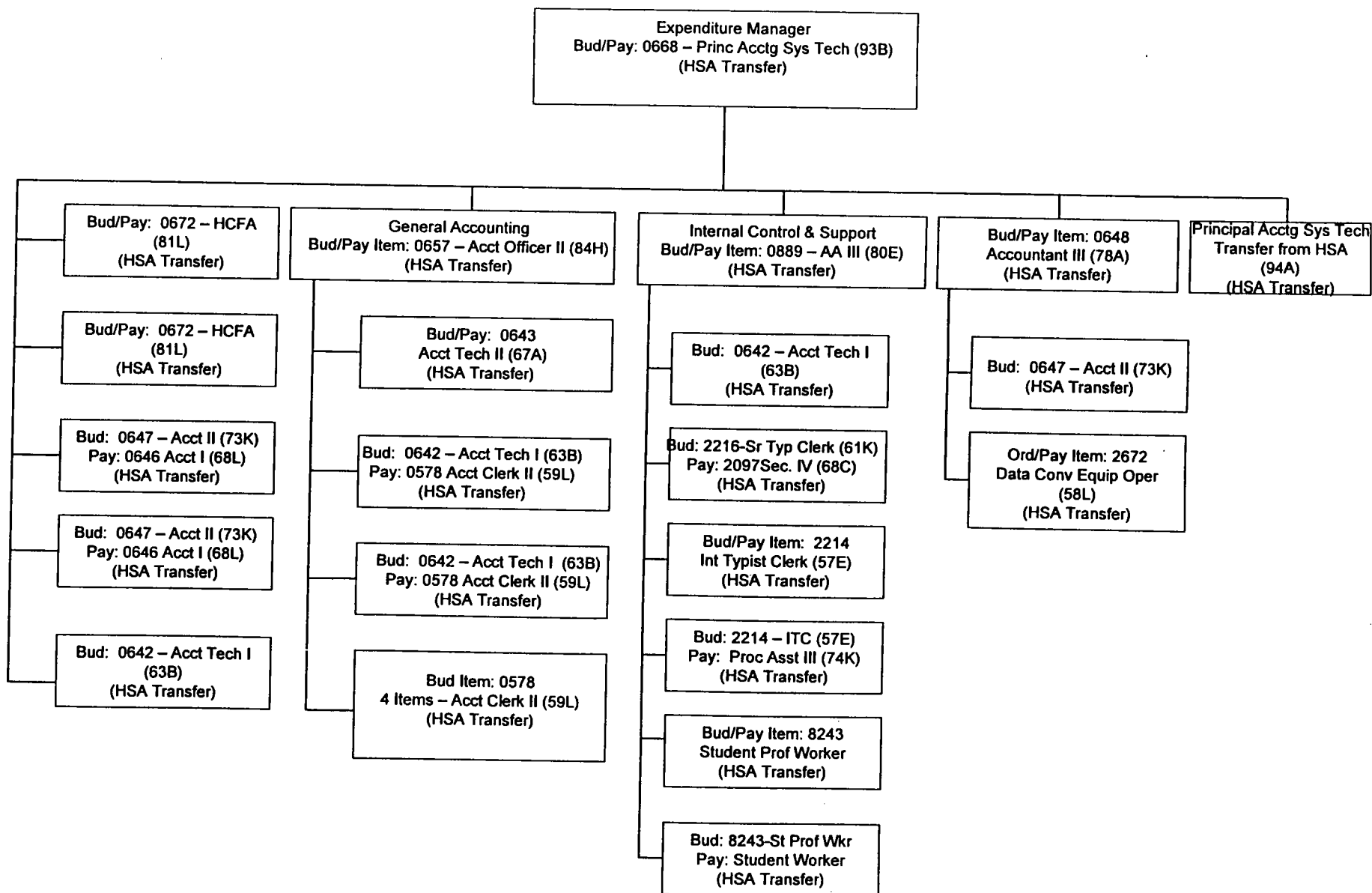
PUBLIC HEALTH FINANCE AFTER PH SPLIT



COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH FINANCE

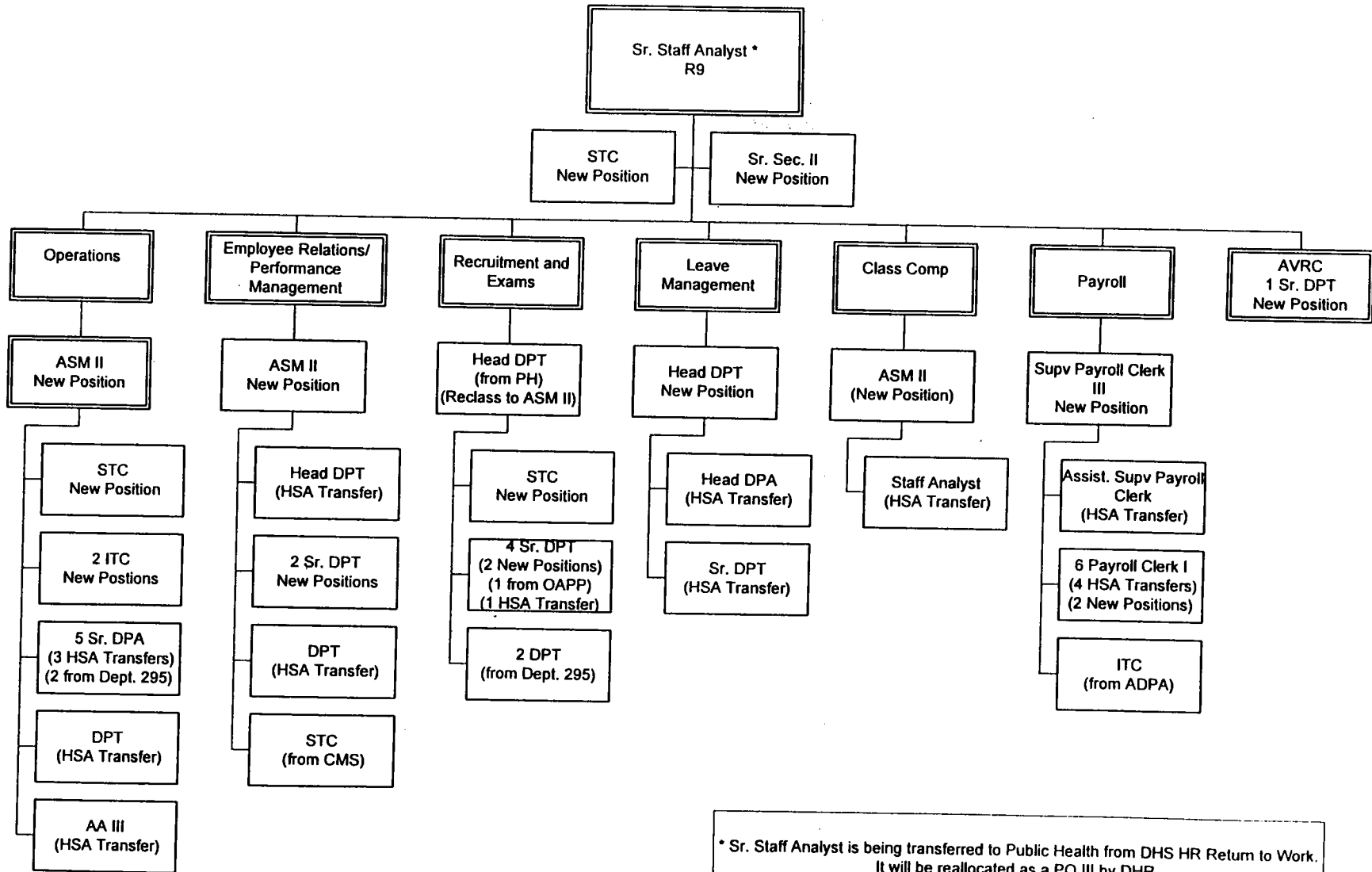
COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES PUBLIC HEALTH FINANCE

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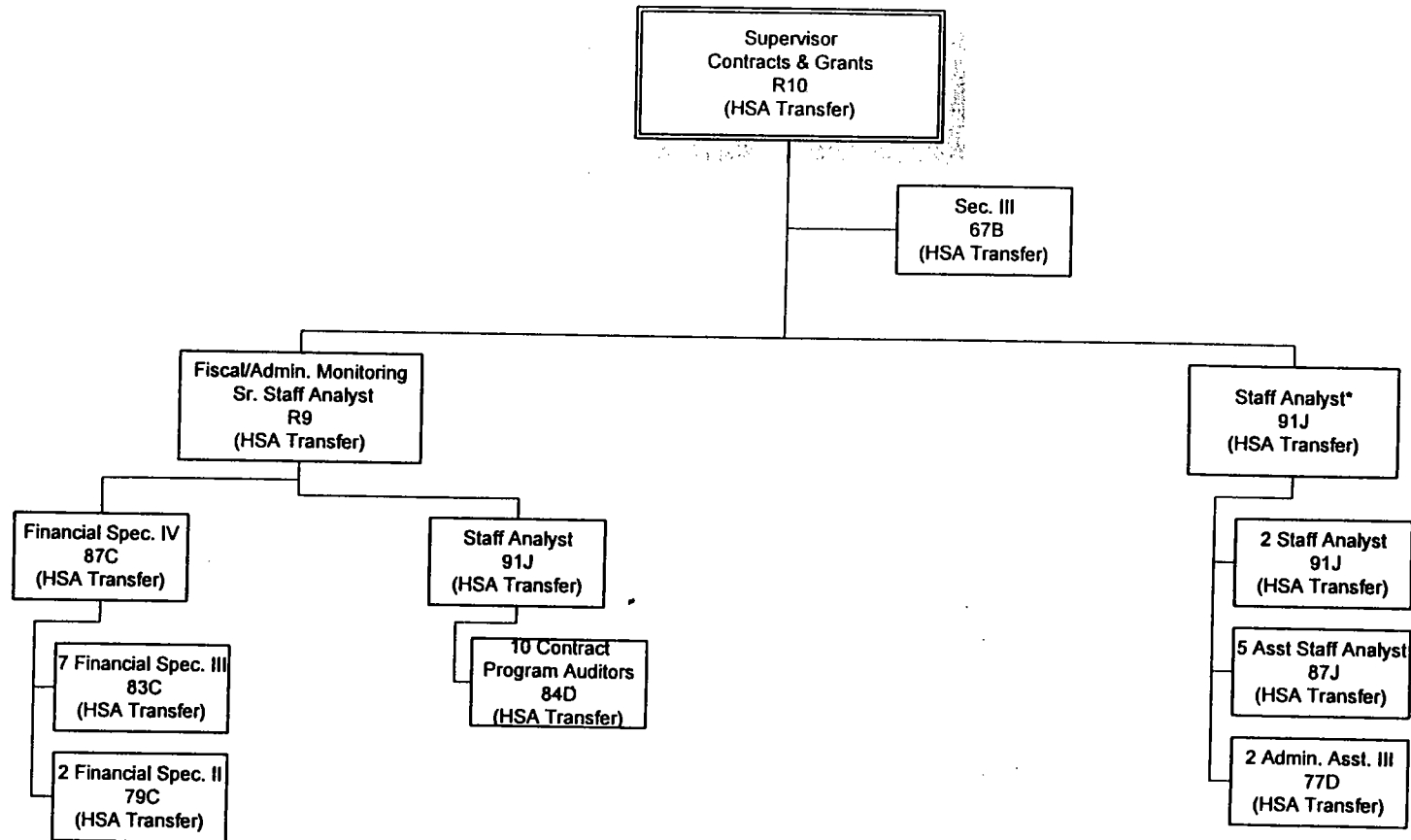
PUBLIC HEALTH HUMAN RESOURCES

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PUBLIC HEALTH CONTRACTS & GRANTS

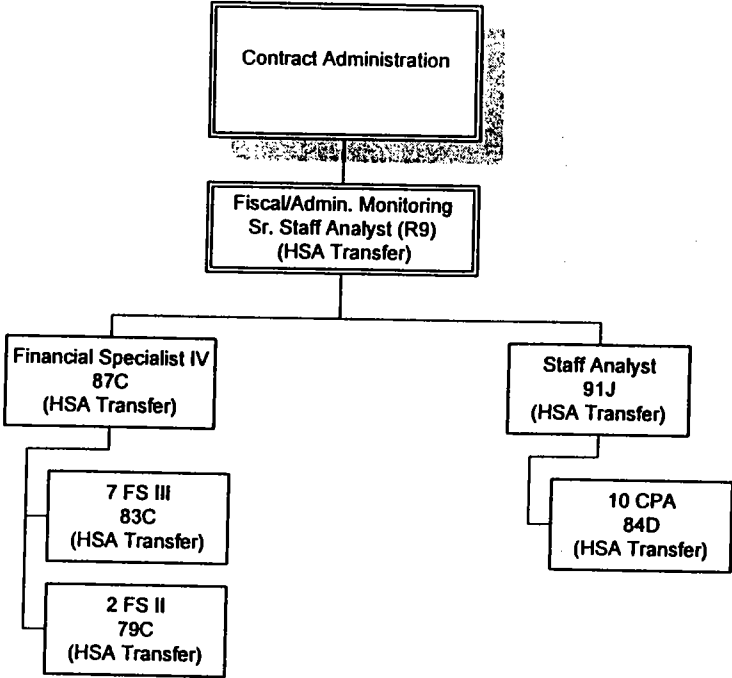
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* DHR must allocate appropriate item.

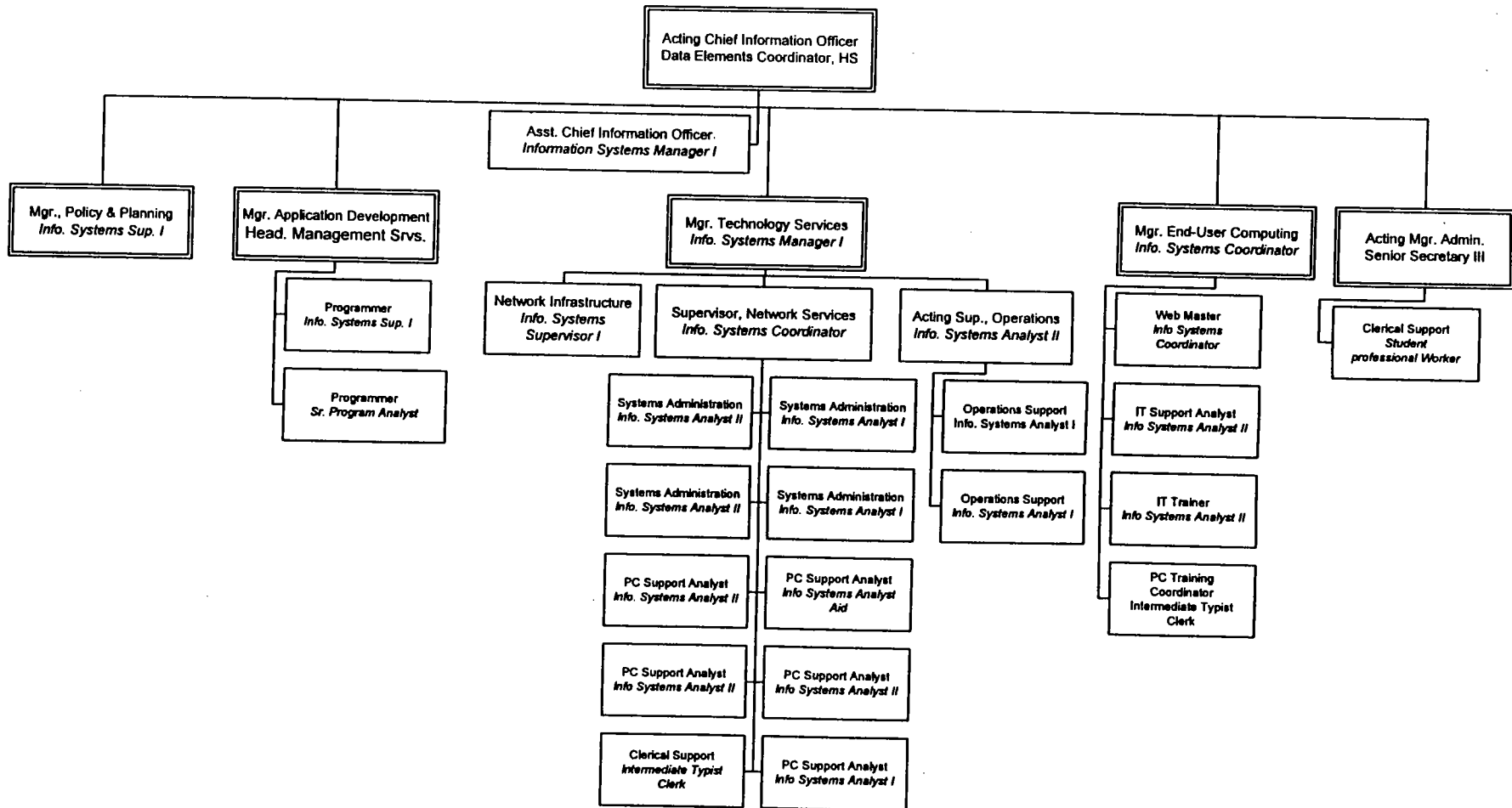
**PUBLIC HEALTH
CONTRACT MONITORING**

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County of Los Angeles Public Health Information Systems

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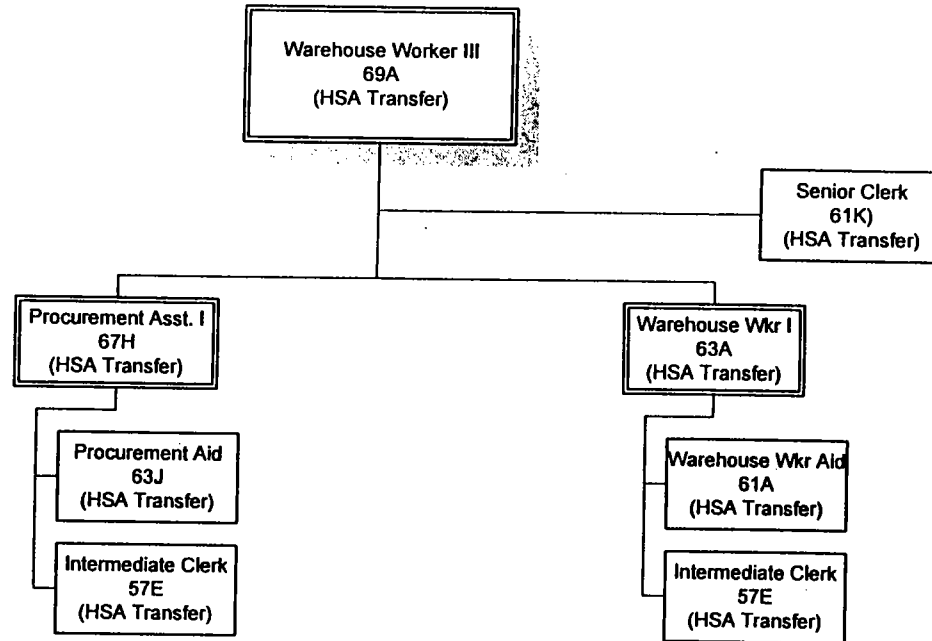
Approved: _____
Kevin Lee
Chief, Public Health Information Systems

Effective Date: _____

Legend
Regular Print - Functional Position
Italic Print - Budgeted Position

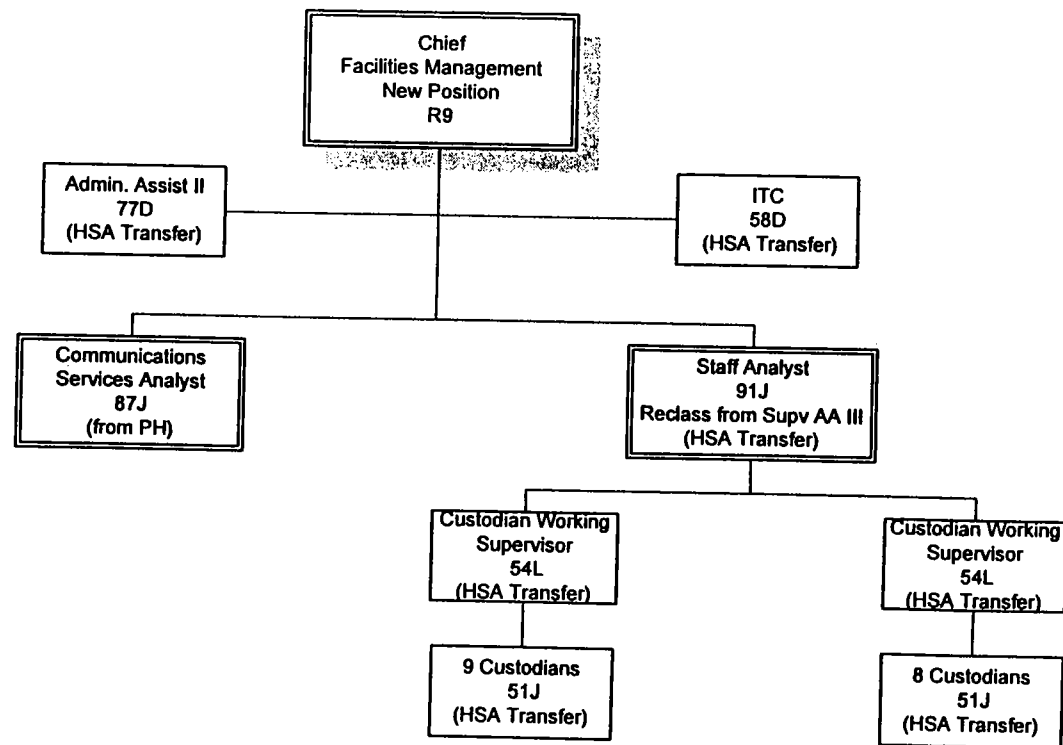
PUBLIC HEALTH MATERIALS MANAGEMENT

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PUBLIC HEALTH FACILITIES MANAGEMENT

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ESTABLISHMENT OF A SEPARATE PUBLIC HEALTH DEPARTMENT

IMPLEMENTATION TIMELINE

| Item | Task Name | Lead Department | Start Date | End Date | June | July | August | September | October | November | December | 2006 January | February | March |
|------|--|-------------------|------------|-----------|------|------|--------|-----------|---------|----------|----------|-----------------|----------|-------|
| 1 | Adoption, in concept, of separate DPH | | 6/28/2005 | N/A | | | | | | | | | | |
| 2 | Implementation meeting/development of implementation plan | CAO | 7/11/2005 | 12/2/2005 | | | | | | | | | | |
| 3 | Development/drafting of amended ordinances | CC/DHR | 7/11/2005 | 12/2/2005 | | | | | | | | | | |
| 4 | Submission of 1st Progress Report | CAO | 9/1/2005 | N/A | | | | | | | | | | |
| 5 | Development/drafting of Memorandum of Understanding (MOU) | PH/DHS | 11/10/2005 | 1/19/2006 | | | | | | | | | | |
| 6 | Review of pharmacy issues/receipt of certifications & licenses | PH/DHS/CC | 10/5/2005 | 2/10/2006 | | | | | | | | | | |
| 7 | Submission of 2nd Progress Report | CAO | 10/27/2005 | N/A | | | | | | | | | | |
| 8 | Initial meeting with employee representatives/unions | DHS-HR/PH | 11/17/2005 | N/A | | | | | | | | | | |
| 9 | Approval of new DPH/introduction of ordinances | | 12/13/2005 | N/A | | | | | | | | | | |
| 10 | Adoption of ordinances & effective date of ordinances | | 12/20/2005 | 1/19/2006 | | | | | | | | | | |
| 11 | Notice to employees regarding action/impact & informational meetings | DHS-HR/PH | 12/20/2005 | 1/20/2006 | | | | | | | | | | |
| 12 | Follow-up meetings with employee representatives/unions | DHS-HR/PH | Pending | Pending | | | | | | | | | | |
| 13 | Reassignment of impacted employees/inc. change of work location if needed | DHS-Facilities/PH | 2/1/2006 | 2/15/2006 | | | | | | | | | | |
| 14 | Follow-up ordinance changes | CC | 12/20/2005 | 3/31/2006 | | | | | | | | | | |
| 15 | Completion of issues such as methodology of cost allocations, HIPAA compliance issues, and dev. of add. MOUs with other County Departments | CAO/PH/DHS | 12/20/2005 | 3/31/2006 | | | | | | | | | | |
| 16 | Finance/Budget Issues: - Bud. adj. to formalize creation of separate "roll-up" budgets for DHS & DPH - Consideration of potential curtailments - Consideration of potential surpluses/deficits to the DHS & DPH budgets | CAO/PH/DHS | 12/20/2005 | 3/31/2006 | | | | | | | | | | |
| 17 | Final implementation of DPH | PH/CAO | 12/20/2005 | 3/31/2006 | | | | | | | | | | |

- Chief Administrative Office (CAO) managed actions
- Public Health (PH)/Department of Public Health (DPH) managed actions
- Department of Health Services (DHS) managed actions
- County Counsel (CC) managed actions
- General actions

ANALYSIS

This ordinance amends Title 6 - Salaries, of the Los Angeles County Code by:

- Adding and establishing the salary for two (2) employee classifications in the unclassified service and one (1) employee classification in the classified service;
- Adding a new departmental Chapter 6.77, Public Health Department;
- Deleting and/or changing certain classifications and numbers of ordinance positions in Section 6.78.010 (Department of Health Services – Administration) and Section 6.78.070 (Department of Health Services – San Fernando Valley cluster); and
- Repealing Section 6.78.015 (Department of Health Services - Office of AIDS programs and policy), Section 6.78.020 (Department of Health Services - Alcohol and drug programs administration), Section 6.78.025 (Department of Health Services - Children's medical services), and Section 6.78.040 (Department of Health Services - Public health services).

RAYMOND G. FORTNER, JR.

County Counsel

By: 

STEPHEN R. MORRIS

Principal Deputy County Counsel
Labor & Employment Division

DBK:vmh

(requested 11/18/05)

(revised 11/22/05)

ORDINANCE NO. _____

An ordinance amending the Los Angeles County Code Title 6 – Salaries, of the Los Angeles County Code relating to the creation of the Department of Public Health.

The Board of Supervisors of the County of Los Angeles ordains as follows:

SECTION 1. Section 6.28.050 is hereby amended to add the following classes:

| ITEM NO. | TITLE | EFFECTIVE DATE | SALARY OR SALARY SCHEDULE AND LEVEL | |
|-------------|---|---|--|--------------------------|
| <u>4548</u> | <u>ADMIN DEPUTY,PUBLIC HEALTH</u> | <u> *</u> <u>01/01/2006</u> | <u>N23</u> <u>N23</u> | <u>R15</u> <u>R15</u> |
| <u>4547</u> | <u>CHIEF DEPUTY DIR,PUBLIC HEALTH(UC)</u> | <u> *</u> <u>01/01/2006</u> | <u>N23</u> <u>N23</u> | <u>R17</u> <u>R17</u> |
| <u>4546</u> | <u>DIRECTOR OF PUBLIC HEALTH</u> | <u> *</u> <u>01/01/2006</u> | <u>N23</u> <u>N23</u> | <u>R19</u> <u>R19</u> |

SECTION 2. Division 3, Departmental Provisions is hereby amended to add Chapter 6.77 to read as follows:

Division 3

DEPARTMENTAL PROVISIONS*

Chapters:

...

6.77 Department of Public Health

...

Chapter 6.77

DEPARTMENT OF PUBLIC HEALTH

Sections:

- 6.77.010 Public health services – Positions.
- 6.77.015 Office of AIDS programs and policy – Positions.
- 6.77.020 Alcohol and drug programs administration – Positions.
- 6.77.025 Children’s medical services – Positions.
- 6.77.030 Antelope Valley rehabilitation centers – Positions.

6.77.010 Public health services – Positions.

| <u>ITEM NO.</u> | <u>NO. OF ORDINANCE POSITIONS</u> | <u>TITLE</u> |
|---------------------|---|------------------------------|
| <u>0578A</u> | <u>9</u> | <u>ACCOUNT CLERK II</u> |
| <u>0647A</u> | <u>4</u> | <u>ACCOUNTANT II</u> |
| <u>0647N</u> | <u>2</u> | <u>ACCOUNTANT II</u> |
| <u>0648A</u> | <u>1</u> | <u>ACCOUNTANT III</u> |
| <u>0657A</u> | <u>2</u> | <u>ACCOUNTING OFFICER II</u> |

| | | |
|--------------|-----------|--|
| <u>0642A</u> | <u>5</u> | <u>ACCOUNTING TECHNICIAN I</u> |
| <u>0643A</u> | <u>5</u> | <u>ACCOUNTING TECHNICIAN II</u> |
| <u>0643N</u> | <u>4</u> | <u>ACCOUNTING TECHNICIAN II</u> |
| <u>0886F</u> | <u>1</u> | <u>ADMINISTRATIVE AID</u> |
| <u>0886O</u> | <u>13</u> | <u>ADMINISTRATIVE AID</u> |
| <u>0888A</u> | <u>7</u> | <u>ADMINISTRATIVE ASSISTANT II</u> |
| <u>0888N</u> | <u>11</u> | <u>ADMINISTRATIVE ASSISTANT II</u> |
| <u>0889A</u> | <u>7</u> | <u>ADMINISTRATIVE ASSISTANT III</u> |
| <u>0889N</u> | <u>13</u> | <u>ADMINISTRATIVE ASSISTANT III</u> |
| <u>4548A</u> | <u>1</u> | <u>ADMIN DEPUTY, PUBLIC HEALTH</u> |
| <u>1003A</u> | <u>3</u> | <u>ADMINISTRATIVE SERVICES MANAGER II</u> |
| <u>1004A</u> | <u>1</u> | <u>ADMINISTRATIVE SERVICES MANAGER III</u> |
| <u>8049A</u> | <u>1</u> | <u>ADMR,COMP AMBULATORY HLTH CARE CTR</u> |
| <u>4603N</u> | <u>1</u> | <u>ADMR, SPECIALIZED HEALTH PROGRAM</u> |
| <u>2986A</u> | <u>2</u> | <u>ANIMAL HEALTH TECHNICIAN</u> |
| <u>5723A</u> | <u>9</u> | <u>ANIMAL SANITATION INSPECTOR</u> |
| <u>4622A</u> | <u>4</u> | <u>AREA ADMINISTRATOR,PUBLIC HEALTH</u> |
| <u>4601A</u> | <u>2</u> | <u>AREA HEALTH OFFICER,PUBLIC HEALTH</u> |
| <u>5712N</u> | <u>1</u> | <u>ASST CHF,HLTH FACILITIES INSPN DIV</u> |
| <u>4611N</u> | <u>3</u> | <u>ASST HEALTH PROGRAM COORDINATOR</u> |
| <u>5287A</u> | <u>1</u> | <u>ASST NURSING DIRECTOR,EDUCATION</u> |
| <u>5287N</u> | <u>1</u> | <u>ASST NURSING DIRECTOR,EDUCATION</u> |

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| <u>5233A</u> | <u>4</u> | <u>ASSISTANT PROGRAM SPECIALIST,PHN</u> |
| <u>5233N</u> | <u>31</u> | <u>ASSISTANT PROGRAM SPECIALIST,PHN</u> |
| <u>1270A</u> | <u>9</u> | <u>ASSISTANT PUBLIC HEALTH REGISTRAR</u> |
| <u>4595A</u> | <u>12</u> | <u>ASSISTANT STAFF ANALYST,HLTH SERVS</u> |
| <u>4595N</u> | <u>14</u> | <u>ASSISTANT STAFF ANALYST,HLTH SERVS</u> |
| <u>1335A</u> | <u>1</u> | <u>ASSISTANT SUPERVISING PAYROLL CLERK</u> |
| <u>1253A</u> | <u>1</u> | <u>CASHIER</u> |
| <u>4547A</u> | <u>1</u> | <u>CHIEF DEPUTY DIR,PUBLIC HEALTH(UC)</u> |
| <u>5678A</u> | <u>34</u> | <u>CHIEF ENVIRONMENTAL HEALTH SPEC</u> |
| <u>5678N</u> | <u>1</u> | <u>CHIEF ENVIRONMENTAL HEALTH SPEC</u> |
| <u>1761A</u> | <u>1</u> | <u>CHIEF EPIDEMIOLOGIST</u> |
| <u>1761N</u> | <u>1</u> | <u>CHIEF EPIDEMIOLOGIST</u> |
| <u>5713N</u> | <u>1</u> | <u>CHF,HLTH FACILITIES INSPECTION DIV</u> |
| <u>5479A</u> | <u>12</u> | <u>CHIEF PHYSICIAN I,MD</u> |
| <u>5480A</u> | <u>7</u> | <u>CHIEF PHYSICIAN II,MD</u> |
| <u>5481A</u> | <u>1</u> | <u>CHIEF PHYSICIAN III,MD</u> |
| <u>5481N</u> | <u>1</u> | <u>CHIEF PHYSICIAN III,MD</u> |
| <u>4607A</u> | <u>1</u> | <u>CHIEF,PROGRAM REIMBURSEMENT,HS</u> |
| <u>1070A</u> | <u>2</u> | <u>CHIEF,PUBLIC HEALTH ADMINISTRATION</u> |
| <u>5650A</u> | <u>2</u> | <u>CHIEF,PUBLIC HEALTH INVESTIGATION</u> |
| <u>4573A</u> | <u>1</u> | <u>CHIEF,PUB HEALTH RECORDS & RESEARCH</u> |
| <u>8974A</u> | <u>2</u> | <u>CHIEF RESEARCH ANALYST,BEHAVIOR SCI</u> |

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| <u>8974N</u> | <u>1</u> | <u>CHIEF RESEARCH ANALYST,BEHAVIOR SCI</u> |
| <u>5676A</u> | <u>1</u> | <u>CHIEF,VECTORBORNE DISEASE SURV PROG</u> |
| <u>5734A</u> | <u>3</u> | <u>CHIEF VETERINARIAN</u> |
| <u>1136A</u> | <u>1</u> | <u>CLERK</u> |
| <u>5090A</u> | <u>8</u> | <u>CLINIC LICENSED VOCATIONAL NURSE I</u> |
| <u>5090N</u> | <u>10</u> | <u>CLINIC LICENSED VOCATIONAL NURSE I</u> |
| <u>5094A</u> | <u>3</u> | <u>CLINIC LICENSED VOCATIONAL NURSE II</u> |
| <u>5094N</u> | <u>3</u> | <u>CLINIC LICENSED VOCATIONAL NURSE II</u> |
| <u>5327A</u> | <u>46</u> | <u>CLINIC NURSE I</u> |
| <u>5327F</u> | <u>8</u> | <u>CLINIC NURSE I</u> |
| <u>5327N</u> | <u>6</u> | <u>CLINIC NURSE I</u> |
| <u>5328A</u> | <u>6</u> | <u>CLINIC NURSE II</u> |
| <u>5328N</u> | <u>2</u> | <u>CLINIC NURSE II</u> |
| <u>5087A</u> | <u>2</u> | <u>CLINIC NURSING ATTENDANT I</u> |
| <u>5468J</u> | <u>22</u> | <u>CLINIC PHYSICIAN,MD(PER SESSION)</u> |
| <u>4922N</u> | <u>2</u> | <u>CLINICAL CHEMIST</u> |
| <u>4926N</u> | <u>2</u> | <u>CLINICAL CHEMIST SUPERVISOR I</u> |
| <u>4919N</u> | <u>2</u> | <u>CLINICAL MICROBIOLOGIST I</u> |
| <u>4920N</u> | <u>1</u> | <u>CLINICAL MICROBIOLOGIST II</u> |
| <u>5299A</u> | <u>2</u> | <u>CLINICAL NURSING DIRECTOR II</u> |
| <u>5513A</u> | <u>1</u> | <u>CLINICAL PHARMACIST</u> |
| <u>9024N</u> | <u>5</u> | <u>CLINICAL SOCIAL WORK CONSULTANT</u> |

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| <u>3725N</u> | <u>1</u> | <u>COMMUNICATIONS SERVICES ANALYST</u> |
| <u>8109N</u> | <u>1</u> | <u>COMMUNITY SERVICES COORDINATOR I</u> |
| <u>8108N</u> | <u>4</u> | <u>COMMUNITY SERVICES COUNSELOR</u> |
| <u>8103A</u> | <u>47</u> | <u>COMMUNITY WORKER</u> |
| <u>8103N</u> | <u>59</u> | <u>COMMUNITY WORKER</u> |
| <u>6601A</u> | <u>1</u> | <u>CONSTRUCTION & REPAIR LABORER</u> |
| <u>4614A</u> | <u>7</u> | <u>CONTRACT PROGRAM AUDITOR</u> |
| <u>4614N</u> | <u>9</u> | <u>CONTRACT PROGRAM AUDITOR</u> |
| <u>6774A</u> | <u>17</u> | <u>CUSTODIAN</u> |
| <u>6776A</u> | <u>2</u> | <u>CUSTODIAN WORKING SUPERVISOR</u> |
| <u>6778A</u> | <u>1</u> | <u>CUSTODIAN SUPERVISOR</u> |
| <u>2672A</u> | <u>10</u> | <u>DATA CONVERSION EQUIP OPERATOR I</u> |
| <u>2673A</u> | <u>6</u> | <u>DATA CONVERSION EQUIP OPERATOR II</u> |
| <u>2673N</u> | <u>4</u> | <u>DATA CONVERSION EQUIP OPERATOR II</u> |
| <u>2676N</u> | <u>2</u> | <u>DATA CONVERSION SUPERVISOR I</u> |
| <u>2624A</u> | <u>1</u> | <u>DATA ELEMENTS COORDINATOR,HS</u> |
| <u>4777A</u> | <u>2</u> | <u>DENTAL DIRECTOR II</u> |
| <u>1848A</u> | <u>3</u> | <u>DEPARTMENTAL PERSONNEL TECHNICIAN</u> |
| <u>1848N</u> | <u>1</u> | <u>DEPARTMENTAL PERSONNEL TECHNICIAN</u> |
| <u>5689A</u> | <u>4</u> | <u>DIR,DISTRICT ENVIRONMENTAL SERVICES</u> |
| <u>5687A</u> | <u>1</u> | <u>DIRECTOR,ENVIRONMENTAL PLNG & EVAL</u> |
| <u>4546L</u> | <u>1</u> | <u>DIRECTOR OF PUBLIC HEALTH</u> |

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| <u>1514N</u> | <u>2</u> | <u>DISASTER SERVICES ANALYST</u> |
| <u>1517N</u> | <u>1</u> | <u>DISASTER SERVICES SPECIALIST</u> |
| <u>6471O</u> | <u>1</u> | <u>ELECTRICIAN</u> |
| <u>4371A</u> | <u>1</u> | <u>ENGINEERING GEOLOGIST</u> |
| <u>5692A</u> | <u>1</u> | <u>ENVIRONMENTAL HEALTH DEPUTY</u> |
| <u>5688A</u> | <u>6</u> | <u>ENVIRONMENTAL HEALTH SERVS MANAGER</u> |
| <u>5688N</u> | <u>1</u> | <u>ENVIRONMENTAL HEALTH SERVS MANAGER</u> |
| <u>5670M</u> | <u>20</u> | <u>ENVIRONMENTAL HEALTH SPECIALIST I</u> |
| <u>5671A</u> | <u>249</u> | <u>ENVIRONMENTAL HEALTH SPECIALIST II</u> |
| <u>5672A</u> | <u>218</u> | <u>ENVIRONMENTAL HEALTH SPECIALIST III</u> |
| <u>5672N</u> | <u>24</u> | <u>ENVIRONMENTAL HEALTH SPECIALIST III</u> |
| <u>5673A</u> | <u>26</u> | <u>ENVIRONMENTAL HEALTH SPECIALIST IV</u> |
| <u>5673N</u> | <u>6</u> | <u>ENVIRONMENTAL HEALTH SPECIALIST IV</u> |
| <u>5675A</u> | <u>7</u> | <u>ENVIRONMENTAL HEALTH STAFF SPEC</u> |
| <u>5675N</u> | <u>1</u> | <u>ENVIRONMENTAL HEALTH STAFF SPEC</u> |
| <u>5668A</u> | <u>37</u> | <u>ENVIRONMENTAL HEALTH TECHNICIAN</u> |
| <u>5668N</u> | <u>1</u> | <u>ENVIRONMENTAL HEALTH TECHNICIAN</u> |
| <u>5680A</u> | <u>1</u> | <u>ENVIRONMENTAL HEALTH TRAINING COORD</u> |
| <u>1759A</u> | <u>20</u> | <u>EPIDEMIOLOGIST</u> |
| <u>1759N</u> | <u>24</u> | <u>EPIDEMIOLOGIST</u> |
| <u>1757A</u> | <u>18</u> | <u>EPIDEMIOLOGY ANALYST</u> |
| <u>1757N</u> | <u>29</u> | <u>EPIDEMIOLOGY ANALYST</u> |

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| <u>1120A</u> | <u>1</u> | <u>EXECUTIVE ASSISTANT</u> |
| <u>2123A</u> | <u>1</u> | <u>EXECUTIVE SECRETARY IV</u> |
| <u>0748A</u> | <u>2</u> | <u>FINANCIAL SPECIALIST II</u> |
| <u>0749A</u> | <u>5</u> | <u>FINANCIAL SPECIALIST III</u> |
| <u>0749N</u> | <u>3</u> | <u>FINANCIAL SPECIALIST III</u> |
| <u>0750A</u> | <u>1</u> | <u>FINANCIAL SPECIALIST IV</u> |
| <u>0752A</u> | <u>1</u> | <u>FISCAL OFFICER I</u> |
| <u>1179A</u> | <u>1</u> | <u>HEAD CLERK</u> |
| <u>1850A</u> | <u>2</u> | <u>HEAD DEPARTMENTAL PERSONNEL TECH</u> |
| <u>1077A</u> | <u>1</u> | <u>HEAD,MANAGEMENT SERVICES,HS</u> |
| <u>7145N</u> | <u>1</u> | <u>HEAD,MEDIA SERVICES</u> |
| <u>4396A</u> | <u>1</u> | <u>HEAD,OCCUPATIONAL HEALTH SERVICES</u> |
| <u>1275A</u> | <u>1</u> | <u>HEAD PUBLIC HEALTH REGISTRAR</u> |
| <u>5780N</u> | <u>1</u> | <u>HEAD,RADIATION CONTROL</u> |
| <u>1869N</u> | <u>1</u> | <u>HEAD STAFF DEVELOPMENT SPECIALIST</u> |
| <u>0672A</u> | <u>3</u> | <u>HEALTH CARE FINANCIAL ANALYST</u> |
| <u>0672N</u> | <u>4</u> | <u>HEALTH CARE FINANCIAL ANALYST</u> |
| <u>4846A</u> | <u>4</u> | <u>HEALTH EDUCATION ASSISTANT</u> |
| <u>4846N</u> | <u>18</u> | <u>HEALTH EDUCATION ASSISTANT</u> |
| <u>4846O</u> | <u>1</u> | <u>HEALTH EDUCATION ASSISTANT</u> |
| <u>4855A</u> | <u>1</u> | <u>HEALTH EDUCATION COORDINATOR</u> |
| <u>4848A</u> | <u>20</u> | <u>HEALTH EDUCATOR</u> |

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| <u>4848N</u> | <u>14</u> | <u>HEALTH EDUCATOR</u> |
| <u>4798N</u> | <u>2</u> | <u>HLTH FACIL CONSULT,DIET & FOOD SERV</u> |
| <u>5701A</u> | <u>1</u> | <u>HLTH FACILITIES CONSULTANT,NURSING</u> |
| <u>5864N</u> | <u>1</u> | <u>HLTH FACILITIES CONS,OCCUP THERAPY</u> |
| <u>5535N</u> | <u>2</u> | <u>HLTH FACILITIES CONSULT,PHARMACY</u> |
| <u>5848N</u> | <u>1</u> | <u>HLTH FACIL CONSULT,PHYSICAL THERAPY</u> |
| <u>5702N</u> | <u>112</u> | <u>HEALTH FACILITIES EVALUATOR I</u> |
| <u>5703N</u> | <u>19</u> | <u>HEALTH FACILITIES EVALUATOR II</u> |
| <u>5704N</u> | <u>9</u> | <u>HEALTH FACILITIES EVALUATOR III</u> |
| <u>5706N</u> | <u>4</u> | <u>HEALTH FACILITIES PROGRAM MANAGER</u> |
| <u>5775A</u> | <u>1</u> | <u>HEALTH PHYSICIST</u> |
| <u>5775N</u> | <u>3</u> | <u>HEALTH PHYSICIST</u> |
| <u>4613N</u> | <u>6</u> | <u>HEALTH PROGRAM COORDINATOR</u> |
| <u>5089A</u> | <u>1</u> | <u>HOME NURSING ATTENDANT</u> |
| <u>4382A</u> | <u>5</u> | <u>INDUSTRIAL HYGIENIST</u> |
| <u>4382N</u> | <u>2</u> | <u>INDUSTRIAL HYGIENIST</u> |
| <u>2590A</u> | <u>12</u> | <u>INFORMATION SYSTEMS ANALYST I</u> |
| <u>2590N</u> | <u>9</u> | <u>INFORMATION SYSTEMS ANALYST I</u> |
| <u>2591A</u> | <u>15</u> | <u>INFORMATION SYSTEMS ANALYST II</u> |
| <u>2591N</u> | <u>26</u> | <u>INFORMATION SYSTEMS ANALYST II</u> |
| <u>2588A</u> | <u>6</u> | <u>INFORMATION SYSTEMS ANALYST AID</u> |
| <u>2588N</u> | <u>3</u> | <u>INFORMATION SYSTEMS ANALYST AID</u> |

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| <u>2593A</u> | <u>5</u> | <u>INFORMATION SYSTEMS COORDINATOR</u> |
| <u>2593N</u> | <u>6</u> | <u>INFORMATION SYSTEMS COORDINATOR</u> |
| <u>2573A</u> | <u>1</u> | <u>INFORMATION SYSTEMS MANAGER I</u> |
| <u>2595A</u> | <u>4</u> | <u>INFORMATION SYSTEMS SUPERVISOR I</u> |
| <u>2595N</u> | <u>2</u> | <u>INFORMATION SYSTEMS SUPERVISOR I</u> |
| <u>2596A</u> | <u>1</u> | <u>INFORMATION SYSTEMS SUPERVISOR II</u> |
| <u>7096A</u> | <u>1</u> | <u>INSTRUCTIONAL MEDIA ASSISTANT</u> |
| <u>1138A</u> | <u>7</u> | <u>INTERMEDIATE CLERK</u> |
| <u>1138N</u> | <u>1</u> | <u>INTERMEDIATE CLERK</u> |
| <u>2172A</u> | <u>23</u> | <u>INTERMEDIATE STENOGRAPHER</u> |
| <u>2221A</u> | <u>2</u> | <u>INTERMEDIATE SUPVG TYPIST-CLERK</u> |
| <u>2214A</u> | <u>164</u> | <u>INTERMEDIATE TYPIST-CLERK</u> |
| <u>2214N</u> | <u>43</u> | <u>INTERMEDIATE TYPIST-CLERK</u> |
| <u>1154F</u> | <u>1</u> | <u>INTERPRETER</u> |
| <u>4976A</u> | <u>18</u> | <u>LABORATORY ASSISTANT</u> |
| <u>4976N</u> | <u>9</u> | <u>LABORATORY ASSISTANT</u> |
| <u>4902A</u> | <u>1</u> | <u>LABORATORY QUALITY CONTROL COORD</u> |
| <u>5104A</u> | <u>7</u> | <u>LICENSED VOCATIONAL NURSE I</u> |
| <u>5104F</u> | <u>1</u> | <u>LICENSED VOCATIONAL NURSE I</u> |
| <u>6022N</u> | <u>1</u> | <u>LIGHT VEHICLE DRIVER</u> |
| <u>2109A</u> | <u>1</u> | <u>MANAGEMENT SECRETARY III</u> |
| <u>2110A</u> | <u>1</u> | <u>MANAGEMENT SECRETARY IV</u> |

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| <u>5447A</u> | <u>1</u> | <u>MEDICAL DIRECTOR I,MD</u> |
| <u>8382A</u> | <u>1</u> | <u>MEDICAL LIBRARIAN II</u> |
| <u>5778N</u> | <u>1</u> | <u>MEDICAL RADIATION PHYSICIST</u> |
| <u>1401A</u> | <u>3</u> | <u>MEDICAL RECORD TECHNICIAN II</u> |
| <u>1407A</u> | <u>1</u> | <u>MEDICAL RECORDS CONSULTANT</u> |
| <u>1407N</u> | <u>1</u> | <u>MEDICAL RECORDS CONSULTANT</u> |
| <u>1390N</u> | <u>1</u> | <u>MEDICAL RECORDS SUPERVISOR II</u> |
| <u>2180A</u> | <u>7</u> | <u>MEDICAL STENOGRAPHER</u> |
| <u>4895A</u> | <u>2</u> | <u>MEDICAL TECHNOLOGIST I</u> |
| <u>4895N</u> | <u>1</u> | <u>MEDICAL TECHNOLOGIST I</u> |
| <u>4896A</u> | <u>1</u> | <u>MEDICAL TECHNOLOGIST II</u> |
| <u>4896N</u> | <u>2</u> | <u>MEDICAL TECHNOLOGIST II</u> |
| <u>4899A</u> | <u>1</u> | <u>MEDICAL TECHNOLOGIST,DATA SYSTEMS</u> |
| <u>4899N</u> | <u>1</u> | <u>MEDICAL TECHNOLOGIST,DATA SYSTEMS</u> |
| <u>4907A</u> | <u>1</u> | <u>MEDICAL TECHNOLOGY ASST ADMV SUPVR</u> |
| <u>4907N</u> | <u>1</u> | <u>MEDICAL TECHNOLOGY ASST ADMV SUPVR</u> |
| <u>9420</u> | <u>5</u> | <u>MEMBER,LA CO PUBLIC HEALTH COMM*</u> |
| <u>9493</u> | <u>3</u> | <u>MBR,SOLID WASTE FACIL HRG BOARD</u> |
| <u>4931A</u> | <u>1</u> | <u>MILK TECHNICIAN</u> |
| <u>5286A</u> | <u>14</u> | <u>NURSE MANAGER</u> |
| <u>5286N</u> | <u>6</u> | <u>NURSE MANAGER</u> |
| <u>5121F</u> | <u>1</u> | <u>NURSE PRACTITIONER</u> |

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| <u>5121N</u> | <u>1</u> | <u>NURSE PRACTITIONER</u> |
| <u>5351A</u> | <u>3</u> | <u>NURSING CARE SPECIALIST I</u> |
| <u>5288A</u> | <u>1</u> | <u>NURSING DIRECTOR,EDUCATION</u> |
| <u>4809A</u> | <u>1</u> | <u>NUTRITION PROGRAM COORD,PH PROG</u> |
| <u>4803A</u> | <u>1</u> | <u>NUTRITIONIST II</u> |
| <u>4803N</u> | <u>6</u> | <u>NUTRITIONIST II</u> |
| <u>9192A</u> | <u>1</u> | <u>PATIENT RESOURCES WORKER</u> |
| <u>9192N</u> | <u>9</u> | <u>PATIENT RESOURCES WORKER</u> |
| <u>1331A</u> | <u>6</u> | <u>PAYROLL CLERK I</u> |
| <u>1854A</u> | <u>1</u> | <u>PERSONNEL OFFICER III</u> |
| <u>5512A</u> | <u>2</u> | <u>PHARMACIST</u> |
| <u>5501A</u> | <u>4</u> | <u>PHARMACY HELPER</u> |
| <u>5528N</u> | <u>1</u> | <u>PHARMACY SERVICES CHIEF I</u> |
| <u>5529A</u> | <u>1</u> | <u>PHARMACY SERVICES CHIEF II</u> |
| <u>5504A</u> | <u>2</u> | <u>PHARMACY TECHNICIAN</u> |
| <u>4977A</u> | <u>1</u> | <u>PHLEBOTOMY TECHNICIAN I</u> |
| <u>4977N</u> | <u>3</u> | <u>PHLEBOTOMY TECHNICIAN I</u> |
| <u>5475A</u> | <u>6</u> | <u>PHYSICIAN,MD</u> |
| <u>5411M</u> | <u>1</u> | <u>PHYSICIAN,POST GRADUATE(3RD YEAR)</u> |
| <u>5477A</u> | <u>46</u> | <u>PHYSICIAN SPECIALIST,MD</u> |
| <u>5477F</u> | <u>1</u> | <u>PHYSICIAN SPECIALIST,MD</u> |
| <u>5477N</u> | <u>11</u> | <u>PHYSICIAN SPECIALIST,MD</u> |

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| <u>0668A</u> | <u>1</u> | <u>PRIN ACCOUNTING SYSTEMS TECHNICIAN</u> |
| <u>2343A</u> | <u>1</u> | <u>PROCUREMENT AID</u> |
| <u>2344A</u> | <u>3</u> | <u>PROCUREMENT ASSISTANT I</u> |
| <u>2346A</u> | <u>1</u> | <u>PROCUREMENT ASSISTANT II</u> |
| <u>2346N</u> | <u>1</u> | <u>PROCUREMENT ASSISTANT II</u> |
| <u>0977N</u> | <u>1</u> | <u>PROGRAM MANAGER I</u> |
| <u>0978A</u> | <u>2</u> | <u>PROGRAM MANAGER II</u> |
| <u>0978N</u> | <u>3</u> | <u>PROGRAM MANAGER II</u> |
| <u>5237A</u> | <u>2</u> | <u>PROGRAM SPECIALIST,PUB HLTH NURSING</u> |
| <u>5237N</u> | <u>11</u> | <u>PROGRAM SPECIALIST,PUB HLTH NURSING</u> |
| <u>2520A</u> | <u>1</u> | <u>PROGRAMMER ANALYST I</u> |
| <u>2521A</u> | <u>2</u> | <u>PROGRAMMER ANALYST II</u> |
| <u>4604A</u> | <u>3</u> | <u>PROGRAMS ADMINISTRATOR,HEALTH SERVS</u> |
| <u>9122N</u> | <u>2</u> | <u>PROJECT DIRECTOR I</u> |
| <u>5648A</u> | <u>3</u> | <u>PUBLIC HEALTH INVESTIGATION MANAGER</u> |
| <u>5645A</u> | <u>58</u> | <u>PUBLIC HEALTH INVESTIGATOR</u> |
| <u>5645F</u> | <u>1</u> | <u>PUBLIC HEALTH INVESTIGATOR</u> |
| <u>5645N</u> | <u>4</u> | <u>PUBLIC HEALTH INVESTIGATOR</u> |
| <u>5644M</u> | <u>1</u> | <u>PUBLIC HEALTH INVESTIGATOR TRAINEE</u> |
| <u>5006A</u> | <u>1</u> | <u>PUBLIC HEALTH LABORATORIES DIRECTOR</u> |
| <u>4999A</u> | <u>41</u> | <u>PUBLIC HEALTH MICROBIOLOGIST I</u> |
| <u>4999N</u> | <u>4</u> | <u>PUBLIC HEALTH MICROBIOLOGIST I</u> |

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| <u>5000A</u> | <u>13</u> | <u>PUBLIC HEALTH MICROBIOLOGIST II</u> |
| <u>5000N</u> | <u>6</u> | <u>PUBLIC HEALTH MICROBIOLOGIST II</u> |
| <u>4998M</u> | <u>2</u> | <u>PUBLIC HLTH MICROBIOLOGIST TRAINEE</u> |
| <u>5001A</u> | <u>9</u> | <u>PUBLIC HEALTH MICROBIOLOGY SUPVR I</u> |
| <u>5001N</u> | <u>2</u> | <u>PUBLIC HEALTH MICROBIOLOGY SUPVR I</u> |
| <u>5004A</u> | <u>2</u> | <u>PUBLIC HEALTH MICROBIOLOGY SUPVR II</u> |
| <u>5230A</u> | <u>248</u> | <u>PUBLIC HEALTH NURSE</u> |
| <u>5230F</u> | <u>1</u> | <u>PUBLIC HEALTH NURSE</u> |
| <u>5230N</u> | <u>63</u> | <u>PUBLIC HEALTH NURSE</u> |
| <u>5236A</u> | <u>26</u> | <u>PUBLIC HEALTH NURSING SUPERVISOR</u> |
| <u>5236N</u> | <u>3</u> | <u>PUBLIC HEALTH NURSING SUPERVISOR</u> |
| <u>1272A</u> | <u>38</u> | <u>PUBLIC HEALTH REGISTRAR</u> |
| <u>1598N</u> | <u>1</u> | <u>PUBLIC INFORMATION ASSISTANT</u> |
| <u>1600N</u> | <u>1</u> | <u>PUBLIC INFORMATION OFFICER I</u> |
| <u>1601A</u> | <u>1</u> | <u>PUBLIC INFORMATION OFFICER II</u> |
| <u>5772A</u> | <u>1</u> | <u>RADIATION PROTECTION SPECIALIST</u> |
| <u>5772N</u> | <u>5</u> | <u>RADIATION PROTECTION SPECIALIST</u> |
| <u>5798A</u> | <u>12</u> | <u>RADIOLOGIC TECHNOLOGIST</u> |
| <u>8971N</u> | <u>7</u> | <u>RESEARCH ANALYST I,BEHAVIOR SCI</u> |
| <u>8972A</u> | <u>5</u> | <u>RESEARCH ANALYST II,BEHAVIOR SCI</u> |
| <u>8972N</u> | <u>25</u> | <u>RESEARCH ANALYST II,BEHAVIOR SCI</u> |
| <u>8973A</u> | <u>10</u> | <u>RESEARCH ANALYST III,BEHAVIOR SCI</u> |

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| <u>8973N</u> | <u>20</u> | <u>RESEARCH ANALYST III,BEHAVIOR SCI</u> |
| <u>2095A</u> | <u>13</u> | <u>SECRETARY II</u> |
| <u>2095N</u> | <u>3</u> | <u>SECRETARY II</u> |
| <u>2096A</u> | <u>27</u> | <u>SECRETARY III</u> |
| <u>2096N</u> | <u>4</u> | <u>SECRETARY III</u> |
| <u>2097A</u> | <u>7</u> | <u>SECRETARY IV</u> |
| <u>2097N</u> | <u>2</u> | <u>SECRETARY IV</u> |
| <u>2156A</u> | <u>1</u> | <u>SECRETARY,HEALTH SERVICES COMM</u> |
| <u>1140A</u> | <u>3</u> | <u>SENIOR CLERK</u> |
| <u>9019N</u> | <u>2</u> | <u>SENIOR CLINICAL SOCIAL WORKER</u> |
| <u>8104A</u> | <u>5</u> | <u>SENIOR COMMUNITY WORKER I</u> |
| <u>8104N</u> | <u>12</u> | <u>SENIOR COMMUNITY WORKER I</u> |
| <u>4766A</u> | <u>1</u> | <u>SENIOR DENTIST</u> |
| <u>1843A</u> | <u>4</u> | <u>SENIOR DEPARTMENTAL PERSONNEL ASST</u> |
| <u>1843N</u> | <u>1</u> | <u>SENIOR DEPARTMENTAL PERSONNEL ASST</u> |
| <u>1849A</u> | <u>10</u> | <u>SENIOR DEPARTMENTAL PERSONNEL TECH</u> |
| <u>1515A</u> | <u>1</u> | <u>SENIOR DISASTER SERVICES ANALYST</u> |
| <u>4850A</u> | <u>2</u> | <u>SENIOR HEALTH EDUCATOR</u> |
| <u>4850N</u> | <u>9</u> | <u>SENIOR HEALTH EDUCATOR</u> |
| <u>0722N</u> | <u>1</u> | <u>SENIOR HEALTH SERVS FISCAL ANALYST</u> |
| <u>4301N</u> | <u>1</u> | <u>SENIOR INDUSTRIAL HYGIENE CHEMIST</u> |
| <u>1402A</u> | <u>2</u> | <u>SENIOR MEDICAL RECORD TECHNICIAN</u> |

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|--------------|-----------|---|
| <u>2183A</u> | <u>2</u> | <u>SENIOR MEDICAL STENOGRAPHER</u> |
| <u>5478A</u> | <u>2</u> | <u>SENIOR PHYSICIAN,MD</u> |
| <u>5478N</u> | <u>4</u> | <u>SENIOR PHYSICIAN,MD</u> |
| <u>2525A</u> | <u>2</u> | <u>SENIOR PROGRAMMER ANALYST</u> |
| <u>1274A</u> | <u>4</u> | <u>SENIOR PUBLIC HEALTH REGISTRAR</u> |
| <u>5774N</u> | <u>6</u> | <u>SENIOR RADIATION PROTECTION SPEC</u> |
| <u>2101A</u> | <u>5</u> | <u>SENIOR SECRETARY II</u> |
| <u>2101N</u> | <u>2</u> | <u>SENIOR SECRETARY II</u> |
| <u>2102A</u> | <u>3</u> | <u>SENIOR SECRETARY III</u> |
| <u>2102N</u> | <u>2</u> | <u>SENIOR SECRETARY III</u> |
| <u>2103A</u> | <u>3</u> | <u>SENIOR SECRETARY IV</u> |
| <u>2103N</u> | <u>1</u> | <u>SENIOR SECRETARY IV</u> |
| <u>4594A</u> | <u>8</u> | <u>SENIOR STAFF ANALYST,HEALTH</u> |
| <u>4594N</u> | <u>3</u> | <u>SENIOR STAFF ANALYST,HEALTH</u> |
| <u>2585A</u> | <u>2</u> | <u>SENIOR SYSTEMS AID</u> |
| <u>2216A</u> | <u>42</u> | <u>SENIOR TYPIST-CLERK</u> |
| <u>2216N</u> | <u>76</u> | <u>SENIOR TYPIST-CLERK</u> |
| <u>5732A</u> | <u>3</u> | <u>SENIOR VETERINARIAN</u> |
| <u>4593A</u> | <u>13</u> | <u>STAFF ANALYST,HEALTH</u> |
| <u>4593N</u> | <u>15</u> | <u>STAFF ANALYST,HEALTH</u> |
| <u>0907A</u> | <u>2</u> | <u>STAFF ASSISTANT I</u> |
| <u>0907N</u> | <u>7</u> | <u>STAFF ASSISTANT I</u> |

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| <u>0913A</u> | <u>16</u> | <u>STAFF ASSISTANT II</u> |
| <u>0913N</u> | <u>10</u> | <u>STAFF ASSISTANT II</u> |
| <u>9144N</u> | <u>3</u> | <u>STAFF DEVELOPMENT SPECIALIST,HS</u> |
| <u>1749N</u> | <u>1</u> | <u>STATISTICAL ANALYST,HEALTH SERVICES</u> |
| <u>2170A</u> | <u>1</u> | <u>STENOGRAPHER</u> |
| <u>8243F</u> | <u>61</u> | <u>STUDENT PROFESSIONAL WORKER</u> |
| <u>8242F</u> | <u>15</u> | <u>STUDENT WORKER</u> |
| <u>0897A</u> | <u>1</u> | <u>SUPVG ADMINISTRATIVE ASSISTANT II</u> |
| <u>0897N</u> | <u>2</u> | <u>SUPVG ADMINISTRATIVE ASSISTANT II</u> |
| <u>0898A</u> | <u>2</u> | <u>SUPVG ADMINISTRATIVE ASSISTANT III</u> |
| <u>5329A</u> | <u>2</u> | <u>SUPERVISING CLINIC NURSE I</u> |
| <u>2660A</u> | <u>1</u> | <u>SUPERVISING DATA CONTROL CLERK II</u> |
| <u>9194N</u> | <u>1</u> | <u>SUPVG PATIENT FIN SERVICE WORKER I</u> |
| <u>1340A</u> | <u>1</u> | <u>SUPERVISING PAYROLL CLERK III</u> |
| <u>5646A</u> | <u>12</u> | <u>SUPVG PUBLIC HEALTH INVESTIGATOR</u> |
| <u>5646N</u> | <u>1</u> | <u>SUPVG PUBLIC HEALTH INVESTIGATOR</u> |
| <u>5804A</u> | <u>1</u> | <u>SUPVG RADIOLOGIC TECHNOLOGIST I</u> |
| <u>2219A</u> | <u>2</u> | <u>SUPERVISING TYPIST-CLERK</u> |
| <u>2219N</u> | <u>2</u> | <u>SUPERVISING TYPIST-CLERK</u> |
| <u>4582A</u> | <u>1</u> | <u>SUPERVISOR,CONTRACTS & GRANTS,HS</u> |
| <u>2584A</u> | <u>1</u> | <u>SYSTEMS AID</u> |
| <u>4948N</u> | <u>1</u> | <u>TOXICOLOGY TECHNICIAN</u> |

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| <u>5728A</u> | <u>7</u> | <u>VETERINARIAN</u> |
| <u>5728N</u> | <u>1</u> | <u>VETERINARIAN</u> |
| <u>7142N</u> | <u>1</u> | <u>VIDEO PRODUCTION SPECIALIST</u> |
| <u>2331A</u> | <u>1</u> | <u>WAREHOUSE WORKER I</u> |
| <u>2331N</u> | <u>1</u> | <u>WAREHOUSE WORKER I</u> |
| <u>2333A</u> | <u>1</u> | <u>WAREHOUSE WORKER III</u> |
| <u>2329A</u> | <u>3</u> | <u>WAREHOUSE WORKER AID</u> |

6.77.015 Office of AIDS programs and policy – Positions.

| <u>ITEM NO.</u> | <u>NO. OF ORDINANCE POSITIONS</u> | <u>TITLE</u> |
|---------------------|---|---|
| <u>0578N</u> | <u>3</u> | <u>ACCOUNT CLERK II</u> |
| <u>0647N</u> | <u>5</u> | <u>ACCOUNTANT II</u> |
| <u>0648N</u> | <u>4</u> | <u>ACCOUNTANT III</u> |
| <u>0657N</u> | <u>1</u> | <u>ACCOUNTING OFFICER II</u> |
| <u>0642A</u> | <u>3</u> | <u>ACCOUNTING TECHNICIAN I</u> |
| <u>0887N</u> | <u>2</u> | <u>ADMINISTRATIVE ASSISTANT I</u> |
| <u>0888A</u> | <u>5</u> | <u>ADMINISTRATIVE ASSISTANT II</u> |
| <u>0888N</u> | <u>3</u> | <u>ADMINISTRATIVE ASSISTANT II</u> |
| <u>0889A</u> | <u>7</u> | <u>ADMINISTRATIVE ASSISTANT III</u> |
| <u>0889N</u> | <u>12</u> | <u>ADMINISTRATIVE ASSISTANT III</u> |
| <u>4603A</u> | <u>1</u> | <u>ADMR, SPECIALIZED HEALTH PROGRAM</u> |
| <u>4611O</u> | <u>1</u> | <u>ASST HEALTH PROGRAM COORDINATOR</u> |

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| <u>5295N</u> | <u>1</u> | <u>ASST NURSING DIR,ADMINISTRATION</u> |
| <u>5233N</u> | <u>4</u> | <u>ASSISTANT PROGRAM SPECIALIST,PHN</u> |
| <u>4595A</u> | <u>2</u> | <u>ASSISTANT STAFF ANALYST,HLTH SERV</u> |
| <u>4595N</u> | <u>4</u> | <u>ASSISTANT STAFF ANALYST,HLTH SERV</u> |
| <u>5479A</u> | <u>1</u> | <u>CHIEF PHYSICIAN I,MD</u> |
| <u>8974N</u> | <u>1</u> | <u>CHIEF RESEARCH ANALYST, BEHAVIOR SCI</u> |
| <u>8696N</u> | <u>1</u> | <u>CLINICAL PSYCHOLOGIST COORD I</u> |
| <u>9024N</u> | <u>2</u> | <u>CLINICAL SOCIAL WORK CONSULTANT</u> |
| <u>8110N</u> | <u>1</u> | <u>COMMUNITY SERVICES COORDINATOR II</u> |
| <u>8108N</u> | <u>14</u> | <u>COMMUNITY SERVICES COUNSELOR</u> |
| <u>4614A</u> | <u>3</u> | <u>CONTRACT PROGRAM AUDITOR</u> |
| <u>4614N</u> | <u>27</u> | <u>CONTRACT PROGRAM AUDITOR</u> |
| <u>2672N</u> | <u>2</u> | <u>DATA CONVERSION EQUIP OPERATOR I</u> |
| <u>1759A</u> | <u>1</u> | <u>EPIDEMIOLOGIST</u> |
| <u>1759N</u> | <u>2</u> | <u>EPIDEMIOLOGIST</u> |
| <u>1757N</u> | <u>3</u> | <u>EPIDEMIOLOGY ANALYST</u> |
| <u>0752N</u> | <u>1</u> | <u>FISCAL OFFICER I</u> |
| <u>4619N</u> | <u>2</u> | <u>HEAD CONTRACT PROGRAM AUDITOR</u> |
| <u>1077N</u> | <u>1</u> | <u>HEAD,MANAGEMENT SERVICES,HS</u> |
| <u>0672N</u> | <u>3</u> | <u>HEALTH CARE FINANCIAL ANALYST</u> |
| <u>4846N</u> | <u>7</u> | <u>HEALTH EDUCATION ASSISTANT</u> |
| <u>4848A</u> | <u>3</u> | <u>HEALTH EDUCATOR</u> |

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| <u>4848N</u> | <u>4</u> | <u>HEALTH EDUCATOR</u> |
| <u>5701N</u> | <u>1</u> | <u>HLTH FACILITIES CONSULTANT,NURSING</u> |
| <u>4613N</u> | <u>2</u> | <u>HEALTH PROGRAM COORDINATOR</u> |
| <u>2590N</u> | <u>1</u> | <u>INFORMATION SYSTEMS ANALYST I</u> |
| <u>2591N</u> | <u>8</u> | <u>INFORMATION SYSTEMS ANALYST II</u> |
| <u>2595N</u> | <u>2</u> | <u>INFORMATION SYSTEMS SUPERVISOR I</u> |
| <u>2596A</u> | <u>1</u> | <u>INFORMATION SYSTEMS SUPERVISOR II</u> |
| <u>1138N</u> | <u>1</u> | <u>INTERMEDIATE CLERK</u> |
| <u>2214A</u> | <u>3</u> | <u>INTERMEDIATE TYPIST-CLERK</u> |
| <u>2214N</u> | <u>4</u> | <u>INTERMEDIATE TYPIST-CLERK</u> |
| <u>6022N</u> | <u>1</u> | <u>LIGHT VEHICLE DRIVER</u> |
| <u>2109A</u> | <u>1</u> | <u>MANAGEMENT SECRETARY III</u> |
| <u>5286N</u> | <u>1</u> | <u>NURSE MANAGER</u> |
| <u>5353N</u> | <u>4</u> | <u>NURSING CARE SPECIALIST II</u> |
| <u>5512N</u> | <u>1</u> | <u>PHARMACIST</u> |
| <u>5477A</u> | <u>1</u> | <u>PHYSICIAN SPECIALIST,MD</u> |
| <u>2344N</u> | <u>1</u> | <u>PROCUREMENT ASSISTANT I</u> |
| <u>0977N</u> | <u>4</u> | <u>PROGRAM MANAGER I</u> |
| <u>0978N</u> | <u>2</u> | <u>PROGRAM MANAGER II</u> |
| <u>5237N</u> | <u>2</u> | <u>PROGRAM SPECIALIST,PUB HLTH NURSING</u> |
| <u>9122N</u> | <u>1</u> | <u>PROJECT DIRECTOR I</u> |
| <u>5230A</u> | <u>4</u> | <u>PUBLIC HEALTH NURSE</u> |

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| <u>5230N</u> | <u>2</u> | <u>PUBLIC HEALTH NURSE</u> |
| <u>5236A</u> | <u>1</u> | <u>PUBLIC HEALTH NURSING SUPERVISOR</u> |
| <u>8971N</u> | <u>2</u> | <u>RESEARCH ANALYST I,BEHAVIOR SCI</u> |
| <u>8972N</u> | <u>9</u> | <u>RESEARCH ANALYST II,BEHAVIOR SCI</u> |
| <u>8973N</u> | <u>7</u> | <u>RESEARCH ANALYST III,BEHAVIOR SCI</u> |
| <u>2095A</u> | <u>1</u> | <u>SECRETARY II</u> |
| <u>2096A</u> | <u>2</u> | <u>SECRETARY III</u> |
| <u>2096N</u> | <u>4</u> | <u>SECRETARY III</u> |
| <u>9019A</u> | <u>1</u> | <u>SENIOR CLINICAL SOCIAL WORKER</u> |
| <u>4615A</u> | <u>1</u> | <u>SENIOR CONTRACT PROGRAM AUDITOR</u> |
| <u>4615N</u> | <u>4</u> | <u>SENIOR CONTRACT PROGRAM AUDITOR</u> |
| <u>1849N</u> | <u>1</u> | <u>SENIOR DEPARTMENTAL PERSONNEL TECH</u> |
| <u>4850A</u> | <u>4</u> | <u>SENIOR HEALTH EDUCATOR</u> |
| <u>4850N</u> | <u>4</u> | <u>SENIOR HEALTH EDUCATOR</u> |
| <u>0722N</u> | <u>1</u> | <u>SENIOR HEALTH SERVS FISCAL ANALYST</u> |
| <u>1599A</u> | <u>1</u> | <u>SENIOR PUBLIC INFORMATION ASSISTANT</u> |
| <u>2101N</u> | <u>1</u> | <u>SENIOR SECRETARY II</u> |
| <u>2103A</u> | <u>1</u> | <u>SENIOR SECRETARY IV</u> |
| <u>4594A</u> | <u>2</u> | <u>SENIOR STAFF ANALYST,HEALTH</u> |
| <u>4594N</u> | <u>3</u> | <u>SENIOR STAFF ANALYST,HEALTH</u> |
| <u>2216A</u> | <u>9</u> | <u>SENIOR TYPIST-CLERK</u> |
| <u>2216N</u> | <u>12</u> | <u>SENIOR TYPIST-CLERK</u> |

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| <u>4593A</u> | <u>5</u> | <u>STAFF ANALYST,HEALTH</u> |
| <u>4593N</u> | <u>2</u> | <u>STAFF ANALYST,HEALTH</u> |
| <u>0907A</u> | <u>1</u> | <u>STAFF ASSISTANT I</u> |
| <u>0907N</u> | <u>4</u> | <u>STAFF ASSISTANT I</u> |
| <u>8243F</u> | <u>5</u> | <u>STUDENT PROFESSIONAL WORKER</u> |
| <u>5124N</u> | <u>2</u> | <u>UTILIZATION REVIEW NURSE</u> |

6.77.020 Alcohol and drug programs administration – Positions.

| <u>ITEM NO.</u> | <u>NO. OF ORDINANCE POSITIONS</u> | <u>TITLE</u> |
|---------------------|---|-----------------------------------|
| <u>0577A</u> | <u>1</u> | <u>ACCOUNT CLERK I</u> |
| <u>0578A</u> | <u>1</u> | <u>ACCOUNT CLERK II</u> |
| <u>0647A</u> | <u>2</u> | <u>ACCOUNTANT II</u> |
| <u>0647N</u> | <u>3</u> | <u>ACCOUNTANT II</u> |
| <u>0648A</u> | <u>7</u> | <u>ACCOUNTANT III</u> |
| <u>0648N</u> | <u>1</u> | <u>ACCOUNTANT III</u> |
| <u>0657A</u> | <u>1</u> | <u>ACCOUNTING OFFICER II</u> |
| <u>0657N</u> | <u>1</u> | <u>ACCOUNTING OFFICER II</u> |
| <u>0642A</u> | <u>3</u> | <u>ACCOUNTING TECHNICIAN I</u> |
| <u>0642N</u> | <u>7</u> | <u>ACCOUNTING TECHNICIAN I</u> |
| <u>0643A</u> | <u>3</u> | <u>ACCOUNTING TECHNICIAN II</u> |
| <u>0887A</u> | <u>1</u> | <u>ADMINISTRATIVE ASSISTANT I</u> |

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| <u>0888A</u> | <u>6</u> | <u>ADMINISTRATIVE ASSISTANT II</u> |
| <u>0888N</u> | <u>1</u> | <u>ADMINISTRATIVE ASSISTANT II</u> |
| <u>0889N</u> | <u>4</u> | <u>ADMINISTRATIVE ASSISTANT III</u> |
| <u>0889O</u> | <u>1</u> | <u>ADMINISTRATIVE ASSISTANT III</u> |
| <u>4603A</u> | <u>1</u> | <u>ADMR,SPECIALIZED HEALTH PROGRAM</u> |
| <u>4610A</u> | <u>1</u> | <u>ASST PROGRAM DIRECTOR,DRUG ABUSE,HS</u> |
| <u>4609A</u> | <u>1</u> | <u>ASST PROG DIR,OFF OF ALCOHOL PRO,HS</u> |
| <u>4595A</u> | <u>2</u> | <u>ASSISTANT STAFF ANALYST,HLTH SERVS</u> |
| <u>4595N</u> | <u>4</u> | <u>ASSISTANT STAFF ANALYST,HLTH SERVS</u> |
| <u>8707J</u> | <u>2</u> | <u>BEHAVIORAL SCIENCES CONSULTANT</u> |
| <u>4618A</u> | <u>1</u> | <u>CHIEF,DRINKING DRIVER PROGRAMS</u> |
| <u>1036A</u> | <u>1</u> | <u>CHIEF,FISCAL SERVS,SUBSTANCE ABUSE</u> |
| <u>8974N</u> | <u>2</u> | <u>CHIEF RESEARCH ANALYST,BEHAVIOR SCI</u> |
| <u>0909A</u> | <u>1</u> | <u>COMMISSION ASST,SUBSTANCE ABUSE</u> |
| <u>8110N</u> | <u>3</u> | <u>COMMUNITY SERVICES COORDINATOR II</u> |
| <u>2489A</u> | <u>1</u> | <u>COMPUTER EQUIPMENT OPERATOR</u> |
| <u>2490A</u> | <u>1</u> | <u>COMPUTER SYSTEM OPERATOR</u> |
| <u>5472J</u> | <u>6</u> | <u>CONSULTING SPECIALIST,MD(PER SESS)</u> |
| <u>4614A</u> | <u>21</u> | <u>CONTRACT PROGRAM AUDITOR</u> |
| <u>4614N</u> | <u>13</u> | <u>CONTRACT PROGRAM AUDITOR</u> |
| <u>1759N</u> | <u>1</u> | <u>EPIDEMIOLOGIST</u> |
| <u>1757N</u> | <u>1</u> | <u>EPIDEMIOLOGY ANALYST</u> |

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| <u>0747N</u> | <u>3</u> | <u>FINANCIAL SPECIALIST I</u> |
| <u>0749A</u> | <u>1</u> | <u>FINANCIAL SPECIALIST III</u> |
| <u>0749N</u> | <u>2</u> | <u>FINANCIAL SPECIALIST III</u> |
| <u>0752A</u> | <u>1</u> | <u>FISCAL OFFICER I</u> |
| <u>4619A</u> | <u>2</u> | <u>HEAD CONTRACT PROGRAM AUDITOR</u> |
| <u>2590A</u> | <u>1</u> | <u>INFORMATION SYSTEMS ANALYST I</u> |
| <u>2590N</u> | <u>2</u> | <u>INFORMATION SYSTEMS ANALYST I</u> |
| <u>2591A</u> | <u>3</u> | <u>INFORMATION SYSTEMS ANALYST II</u> |
| <u>2591N</u> | <u>2</u> | <u>INFORMATION SYSTEMS ANALYST II</u> |
| <u>2588N</u> | <u>2</u> | <u>INFORMATION SYSTEMS ANALYST AID</u> |
| <u>2595A</u> | <u>2</u> | <u>INFORMATION SYSTEMS SUPERVISOR I</u> |
| <u>2596A</u> | <u>1</u> | <u>INFORMATION SYSTEMS SUPERVISOR II</u> |
| <u>2597N</u> | <u>1</u> | <u>INFORMATION SYSTEMS SUPERVISOR III</u> |
| <u>2172A</u> | <u>3</u> | <u>INTERMEDIATE STENOGRAPHER</u> |
| <u>2172N</u> | <u>3</u> | <u>INTERMEDIATE STENOGRAPHER</u> |
| <u>2214A</u> | <u>6</u> | <u>INTERMEDIATE TYPIST-CLERK</u> |
| <u>2214N</u> | <u>6</u> | <u>INTERMEDIATE TYPIST-CLERK</u> |
| <u>2109A</u> | <u>1</u> | <u>MANAGEMENT SECRETARY III</u> |
| <u>9407</u> | <u>15</u> | <u>MEMBER,COUNTY COMM ON ALCOHOLISM*</u> |
| <u>9422</u> | <u>21</u> | <u>MEMBER,NARC & DANGEROUS DRUGS COMM*</u> |
| <u>0668A</u> | <u>1</u> | <u>PRIN ACCOUNTING SYSTEMS TECHNICIAN</u> |
| <u>2344A</u> | <u>1</u> | <u>PROCUREMENT ASSISTANT I</u> |

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|--------------|-----------|--|
| <u>4598A</u> | <u>1</u> | <u>PROGRAM DIR,OFF OF ALCOHOL PROG,HS</u> |
| <u>2521A</u> | <u>1</u> | <u>PROGRAMMER ANALYST II</u> |
| <u>4604A</u> | <u>1</u> | <u>PROGRAMS ADMINISTRATOR,HEALTH SERVS</u> |
| <u>9122A</u> | <u>1</u> | <u>PROJECT DIRECTOR I</u> |
| <u>5645A</u> | <u>15</u> | <u>PUBLIC HEALTH INVESTIGATOR</u> |
| <u>5645O</u> | <u>2</u> | <u>PUBLIC HEALTH INVESTIGATOR</u> |
| <u>8972A</u> | <u>4</u> | <u>RESEARCH ANALYST II,BEHAVIOR SCI</u> |
| <u>8972N</u> | <u>4</u> | <u>RESEARCH ANALYST II,BEHAVIOR SCI</u> |
| <u>8972O</u> | <u>1</u> | <u>RESEARCH ANALYST II,BEHAVIOR SCI</u> |
| <u>8973A</u> | <u>6</u> | <u>RESEARCH ANALYST III,BEHAVIOR SCI</u> |
| <u>8973N</u> | <u>5</u> | <u>RESEARCH ANALYST III,BEHAVIOR SCI</u> |
| <u>2095A</u> | <u>5</u> | <u>SECRETARY II</u> |
| <u>2096A</u> | <u>2</u> | <u>SECRETARY III</u> |
| <u>0666A</u> | <u>1</u> | <u>SENIOR ACCOUNTING SYSTEMS TECH</u> |
| <u>1140A</u> | <u>1</u> | <u>SENIOR CLERK</u> |
| <u>8105N</u> | <u>1</u> | <u>SENIOR COMMUNITY WORKER II</u> |
| <u>4615A</u> | <u>3</u> | <u>SENIOR CONTRACT PROGRAM AUDITOR</u> |
| <u>4615N</u> | <u>3</u> | <u>SENIOR CONTRACT PROGRAM AUDITOR</u> |
| <u>2102A</u> | <u>2</u> | <u>SENIOR SECRETARY III</u> |
| <u>4594A</u> | <u>2</u> | <u>SENIOR STAFF ANALYST,HEALTH</u> |
| <u>1353N</u> | <u>1</u> | <u>SENIOR STATISTICAL CLERK</u> |
| <u>2216A</u> | <u>2</u> | <u>SENIOR TYPIST-CLERK</u> |

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| <u>4593A</u> | <u>3</u> | <u>STAFF ANALYST,HEALTH</u> |
| <u>4593N</u> | <u>5</u> | <u>STAFF ANALYST,HEALTH</u> |
| <u>0913A</u> | <u>1</u> | <u>STAFF ASSISTANT II</u> |
| <u>0913N</u> | <u>1</u> | <u>STAFF ASSISTANT II</u> |
| <u>1352A</u> | <u>5</u> | <u>STATISTICAL CLERK</u> |
| <u>8243F</u> | <u>33</u> | <u>STUDENT PROFESSIONAL WORKER</u> |
| <u>5646A</u> | <u>3</u> | <u>SUPVG PUBLIC HEALTH INVESTIGATOR</u> |
| <u>2177A</u> | <u>1</u> | <u>SUPERVISING STENOGRAPHER I</u> |
| <u>2550A</u> | <u>1</u> | <u>SYSTEMS PROGRAMMER</u> |

6.77.025 Children's medical services – Positions.

| <u>ITEM NO.</u> | <u>NO. OF ORDINANCE POSITIONS</u> | <u>TITLE</u> |
|---------------------|---|---------------------------------|
| <u>0578A</u> | <u>3</u> | <u>ACCOUNT CLERK II</u> |
| <u>0578N</u> | <u>1</u> | <u>ACCOUNT CLERK II</u> |
| <u>0647A</u> | <u>1</u> | <u>ACCOUNTANT II</u> |
| <u>0647N</u> | <u>3</u> | <u>ACCOUNTANT II</u> |
| <u>0648A</u> | <u>1</u> | <u>ACCOUNTANT III</u> |
| <u>0648N</u> | <u>1</u> | <u>ACCOUNTANT III</u> |
| <u>0656N</u> | <u>2</u> | <u>ACCOUNTING OFFICER I</u> |
| <u>0642A</u> | <u>1</u> | <u>ACCOUNTING TECHNICIAN I</u> |
| <u>0642N</u> | <u>1</u> | <u>ACCOUNTING TECHNICIAN I</u> |
| <u>0643A</u> | <u>1</u> | <u>ACCOUNTING TECHNICIAN II</u> |

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| <u>0887N</u> | <u>1</u> | <u>ADMINISTRATIVE ASSISTANT I</u> |
| <u>0888N</u> | <u>2</u> | <u>ADMINISTRATIVE ASSISTANT II</u> |
| <u>0889A</u> | <u>3</u> | <u>ADMINISTRATIVE ASSISTANT III</u> |
| <u>0889N</u> | <u>3</u> | <u>ADMINISTRATIVE ASSISTANT III</u> |
| <u>5295A</u> | <u>1</u> | <u>ASST NURSING DIR,ADMINISTRATION</u> |
| <u>5233N</u> | <u>5</u> | <u>ASSISTANT PROGRAM SPECIALIST,PHN</u> |
| <u>5894N</u> | <u>1</u> | <u>AUDIOLOGIST I</u> |
| <u>1190A</u> | <u>1</u> | <u>BILLING SUPERVISOR</u> |
| <u>5479A</u> | <u>1</u> | <u>CHIEF PHYSICIAN I,MD</u> |
| <u>5328A</u> | <u>2</u> | <u>CLINIC NURSE II</u> |
| <u>5298N</u> | <u>1</u> | <u>CLINICAL NURSING DIRECTOR I</u> |
| <u>9015A</u> | <u>1</u> | <u>CLINICAL SOCIAL WORK SUPERVISOR II</u> |
| <u>9013A</u> | <u>9</u> | <u>CLINICAL SOCIAL WORKER</u> |
| <u>2489A</u> | <u>1</u> | <u>COMPUTER EQUIPMENT OPERATOR</u> |
| <u>2490A</u> | <u>1</u> | <u>COMPUTER SYSTEM OPERATOR</u> |
| <u>4763N</u> | <u>1</u> | <u>DENTIST</u> |
| <u>8057A</u> | <u>1</u> | <u>DIRECTOR,CHILDREN'S MEDICAL SERVS</u> |
| <u>1759N</u> | <u>1</u> | <u>EPIDEMIOLOGIST</u> |
| <u>1757N</u> | <u>1</u> | <u>EPIDEMIOLOGY ANALYST</u> |
| <u>0749N</u> | <u>1</u> | <u>FINANCIAL SPECIALIST III</u> |
| <u>0934A</u> | <u>1</u> | <u>HEAD,STAFF SERVICES</u> |
| <u>4846N</u> | <u>1</u> | <u>HEALTH EDUCATION ASSISTANT</u> |

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|--------------|-----------|--|
| <u>4855N</u> | <u>1</u> | <u>HEALTH EDUCATION COORDINATOR</u> |
| <u>4848N</u> | <u>8</u> | <u>HEALTH EDUCATOR</u> |
| <u>2590A</u> | <u>2</u> | <u>INFORMATION SYSTEMS ANALYST I</u> |
| <u>2590N</u> | <u>2</u> | <u>INFORMATION SYSTEMS ANALYST I</u> |
| <u>2591A</u> | <u>3</u> | <u>INFORMATION SYSTEMS ANALYST II</u> |
| <u>2591N</u> | <u>1</u> | <u>INFORMATION SYSTEMS ANALYST II</u> |
| <u>2569A</u> | <u>1</u> | <u>INFORMATION SYSTEMS SPECIALIST I</u> |
| <u>2595A</u> | <u>1</u> | <u>INFORMATION SYSTEMS SUPERVISOR I</u> |
| <u>2596N</u> | <u>1</u> | <u>INFORMATION SYSTEMS SUPERVISOR II</u> |
| <u>1138A</u> | <u>20</u> | <u>INTERMEDIATE CLERK</u> |
| <u>2172N</u> | <u>1</u> | <u>INTERMEDIATE STENOGRAPHER</u> |
| <u>2221A</u> | <u>6</u> | <u>INTERMEDIATE SUPVG TYPIST-CLERK</u> |
| <u>2214A</u> | <u>62</u> | <u>INTERMEDIATE TYPIST-CLERK</u> |
| <u>2214N</u> | <u>47</u> | <u>INTERMEDIATE TYPIST-CLERK</u> |
| <u>1154N</u> | <u>4</u> | <u>INTERPRETER</u> |
| <u>5104N</u> | <u>8</u> | <u>LICENSED VOCATIONAL NURSE I</u> |
| <u>9002A</u> | <u>4</u> | <u>MEDICAL CASE WORKER II</u> |
| <u>1401N</u> | <u>1</u> | <u>MEDICAL RECORD TECHNICIAN II</u> |
| <u>1389N</u> | <u>1</u> | <u>MEDICAL RECORDS SUPERVISOR I</u> |
| <u>2135A</u> | <u>1</u> | <u>MEDICAL SECRETARY</u> |
| <u>5350A</u> | <u>70</u> | <u>MEDICAL SERVICE COORDINATOR,CCS</u> |
| <u>5350N</u> | <u>82</u> | <u>MEDICAL SERVICE COORDINATOR,CCS</u> |

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| <u>2209A</u> | <u>4</u> | <u>MEDICAL TRANSCRIBER TYPIST</u> |
| <u>5286A</u> | <u>3</u> | <u>NURSE MANAGER</u> |
| <u>5286N</u> | <u>2</u> | <u>NURSE MANAGER</u> |
| <u>5351A</u> | <u>1</u> | <u>NURSING CARE SPECIALIST I</u> |
| <u>5214A</u> | <u>1</u> | <u>NURSING INSTRUCTOR</u> |
| <u>5214N</u> | <u>3</u> | <u>NURSING INSTRUCTOR</u> |
| <u>4803N</u> | <u>2</u> | <u>NUTRITIONIST II</u> |
| <u>5856A</u> | <u>47</u> | <u>OCCUPATIONAL THERAPIST I</u> |
| <u>5856F</u> | <u>4</u> | <u>OCCUPATIONAL THERAPIST I</u> |
| <u>5856N</u> | <u>4</u> | <u>OCCUPATIONAL THERAPIST I</u> |
| <u>5857A</u> | <u>22</u> | <u>OCCUPATIONAL THERAPIST II</u> |
| <u>5857F</u> | <u>2</u> | <u>OCCUPATIONAL THERAPIST II</u> |
| <u>5858A</u> | <u>4</u> | <u>OCCUPATIONAL THERAPY ASSISTANT</u> |
| <u>5862A</u> | <u>1</u> | <u>OCCUPATIONAL THERAPY EDUC COORD</u> |
| <u>5861A</u> | <u>4</u> | <u>OCCUPATIONAL THERAPY INSTRUCTOR</u> |
| <u>5859A</u> | <u>11</u> | <u>OCCUPATIONAL THERAPY SUPERVISOR I</u> |
| <u>5865A</u> | <u>4</u> | <u>OCCUPATIONAL THERAPY SUPERVISOR II</u> |
| <u>9193A</u> | <u>19</u> | <u>PATIENT FINANCIAL SERVS WORKER</u> |
| <u>5836A</u> | <u>8</u> | <u>PHYSICAL THERAPIST ASSISTANT</u> |
| <u>5837A</u> | <u>37</u> | <u>PHYSICAL THERAPIST I</u> |
| <u>5837F</u> | <u>14</u> | <u>PHYSICAL THERAPIST I</u> |
| <u>5837N</u> | <u>4</u> | <u>PHYSICAL THERAPIST I</u> |

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| <u>5839A</u> | <u>22</u> | <u>PHYSICAL THERAPIST II</u> |
| <u>5839F</u> | <u>2</u> | <u>PHYSICAL THERAPIST II</u> |
| <u>5847A</u> | <u>1</u> | <u>PHYSICAL THERAPY EDUCATION COORD</u> |
| <u>5842A</u> | <u>2</u> | <u>PHYSICAL THERAPY INSTRUCTOR</u> |
| <u>5843A</u> | <u>14</u> | <u>PHYSICAL THERAPY SUPERVISOR I</u> |
| <u>5849A</u> | <u>4</u> | <u>PHYSICAL THERAPY SUPERVISOR II</u> |
| <u>5477A</u> | <u>5</u> | <u>PHYSICIAN SPECIALIST,MD</u> |
| <u>5477C</u> | <u>1</u> | <u>PHYSICIAN SPECIALIST,MD</u> |
| <u>5477N</u> | <u>4</u> | <u>PHYSICIAN SPECIALIST,MD</u> |
| <u>9520</u> | <u>1</u> | <u>PHYSICIAN SPECIALIST,MD,W/O COMP</u> |
| <u>2343N</u> | <u>1</u> | <u>PROCUREMENT AID</u> |
| <u>2346A</u> | <u>1</u> | <u>PROCUREMENT ASSISTANT II</u> |
| <u>0979N</u> | <u>1</u> | <u>PROGRAM MANAGER III,HEALTH SERVS</u> |
| <u>5237A</u> | <u>1</u> | <u>PROGRAM SPECIALIST,PUB HLTH NURSING</u> |
| <u>5237N</u> | <u>2</u> | <u>PROGRAM SPECIALIST,PUB HLTH NURSING</u> |
| <u>5230A</u> | <u>138</u> | <u>PUBLIC HEALTH NURSE</u> |
| <u>5230N</u> | <u>5</u> | <u>PUBLIC HEALTH NURSE</u> |
| <u>5236A</u> | <u>11</u> | <u>PUBLIC HEALTH NURSING SUPERVISOR</u> |
| <u>5882A</u> | <u>38</u> | <u>REHABILITATION THERAPY TECHNICIAN</u> |
| <u>8971A</u> | <u>1</u> | <u>RESEARCH ANALYST I,BEHAVIOR SCI</u> |
| <u>8973N</u> | <u>1</u> | <u>RESEARCH ANALYST III,BEHAVIOR SCI</u> |
| <u>8063A</u> | <u>1</u> | <u>REVENUE MANAGER I</u> |

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|--------------|-----------|---|
| <u>2094A</u> | <u>1</u> | <u>SECRETARY I</u> |
| <u>2095A</u> | <u>1</u> | <u>SECRETARY II</u> |
| <u>2096A</u> | <u>1</u> | <u>SECRETARY III</u> |
| <u>1140A</u> | <u>40</u> | <u>SENIOR CLERK</u> |
| <u>9019A</u> | <u>3</u> | <u>SENIOR CLINICAL SOCIAL WORKER</u> |
| <u>5216N</u> | <u>1</u> | <u>SENIOR NURSING INSTRUCTOR</u> |
| <u>5478A</u> | <u>1</u> | <u>SENIOR PHYSICIAN,MD</u> |
| <u>5478N</u> | <u>1</u> | <u>SENIOR PHYSICIAN,MD</u> |
| <u>2525A</u> | <u>1</u> | <u>SENIOR PROGRAMMER ANALYST</u> |
| <u>2102A</u> | <u>1</u> | <u>SENIOR SECRETARY III</u> |
| <u>4594A</u> | <u>1</u> | <u>SENIOR STAFF ANALYST,HEALTH</u> |
| <u>2216A</u> | <u>82</u> | <u>SENIOR TYPIST-CLERK</u> |
| <u>2216N</u> | <u>5</u> | <u>SENIOR TYPIST-CLERK</u> |
| <u>4593N</u> | <u>1</u> | <u>STAFF ANALYST,HEALTH</u> |
| <u>0907A</u> | <u>1</u> | <u>STAFF ASSISTANT I</u> |
| <u>0913A</u> | <u>6</u> | <u>STAFF ASSISTANT II</u> |
| <u>8243F</u> | <u>6</u> | <u>STUDENT PROFESSIONAL WORKER</u> |
| <u>9530</u> | <u>11</u> | <u>STUDENT THERAPIST,W/O COMP</u> |
| <u>8242F</u> | <u>16</u> | <u>STUDENT WORKER</u> |
| <u>0898A</u> | <u>1</u> | <u>SUPVG ADMINISTRATIVE ASSISTANT III</u> |
| <u>5356A</u> | <u>5</u> | <u>SUPVG MEDICAL SERVICE COORD,CCS</u> |
| <u>5356N</u> | <u>13</u> | <u>SUPVG MEDICAL SERVICE COORD,CCS</u> |

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| <u>9194A</u> | <u>1</u> | <u>SUPVG PATIENT FIN SERVICE WORKER I</u> |
| <u>9195A</u> | <u>1</u> | <u>SUPVG PATIENT FIN SERVICE WORKER II</u> |
| <u>2219A</u> | <u>1</u> | <u>SUPERVISING TYPIST-CLERK</u> |
| <u>2219N</u> | <u>4</u> | <u>SUPERVISING TYPIST-CLERK</u> |
| <u>5820A</u> | <u>1</u> | <u>THERAPY SERVICES CHIEF,CMS</u> |
| <u>5125A</u> | <u>1</u> | <u>UTILIZATION REVIEW NURSE SUPVR I</u> |
| <u>5126A</u> | <u>1</u> | <u>UTILIZATION REVIEW NURSE SUPVR II</u> |
| <u>9535</u> | <u>20</u> | <u>VOLUNTEER WORKER,W/O COMP</u> |
| <u>2331A</u> | <u>1</u> | <u>WAREHOUSE WORKER I</u> |
| <u>2329N</u> | <u>1</u> | <u>WAREHOUSE WORKER AID</u> |

6.77.030 Antelope Valley rehabilitation centers – Positions.

| <u>ITEM NO.</u> | <u>NO. OF ORDINANCE POSITIONS</u> | <u>TITLE</u> |
|---------------------|---|---|
| <u>0578A</u> | <u>1</u> | <u>ACCOUNT CLERK II</u> |
| <u>0656A</u> | <u>1</u> | <u>ACCOUNTING OFFICER I</u> |
| <u>0642A</u> | <u>1</u> | <u>ACCOUNTING TECHNICIAN I</u> |
| <u>8054A</u> | <u>1</u> | <u>ASST REHABILITATION CENTER MANAGER</u> |
| <u>6617A</u> | <u>2</u> | <u>BLDG & EQUIPMENT MAINT SUPVR,AVRC</u> |
| <u>6611A</u> | <u>2</u> | <u>BLDG & EQUIPMENT MAINT WORKER,AVRC</u> |
| <u>6679A</u> | <u>1</u> | <u>BUILDING CRAFTS SUPERINTENDENT I</u> |
| <u>8058A</u> | <u>1</u> | <u>CHIEF,REHABILITATION CENTER</u> |

| | | |
|--------------|-----------|---|
| <u>1136A</u> | <u>1</u> | <u>CLERK</u> |
| <u>5064A</u> | <u>5</u> | <u>CLINIC DRIVER</u> |
| <u>5090A</u> | <u>1</u> | <u>CLINIC LICENSED VOCATIONAL NURSE I</u> |
| <u>5328A</u> | <u>3</u> | <u>CLINIC NURSE II</u> |
| <u>8697A</u> | <u>1</u> | <u>CLINICAL PSYCHOLOGIST II</u> |
| <u>6396A</u> | <u>6</u> | <u>COOK</u> |
| <u>6774A</u> | <u>1</u> | <u>CUSTODIAN</u> |
| <u>6402A</u> | <u>2</u> | <u>HEAD COOK</u> |
| <u>0343A</u> | <u>1</u> | <u>INSTITUTIONAL GARDENING MANAGER</u> |
| <u>6796A</u> | <u>1</u> | <u>INSTITUTIONAL SERVICES SUPERVISOR</u> |
| <u>2214A</u> | <u>8</u> | <u>INTERMEDIATE TYPIST-CLERK</u> |
| <u>6049A</u> | <u>2</u> | <u>MEDIUM TRUCK DRIVER</u> |
| <u>9193A</u> | <u>2</u> | <u>PATIENT FINANCIAL SERVS WORKER</u> |
| <u>9328F</u> | <u>56</u> | <u>PATIENT HELPER,NC*</u> |
| <u>9192A</u> | <u>6</u> | <u>PATIENT RESOURCES WORKER</u> |
| <u>2343A</u> | <u>1</u> | <u>PROCUREMENT AID</u> |
| <u>9035A</u> | <u>3</u> | <u>PSYCHIATRIC SOCIAL WORKER II</u> |
| <u>5871A</u> | <u>2</u> | <u>RECREATION THERAPIST I</u> |
| <u>5872A</u> | <u>2</u> | <u>RECREATION THERAPIST II</u> |
| <u>5869A</u> | <u>1</u> | <u>RECREATION THERAPY AIDE</u> |
| <u>5870A</u> | <u>1</u> | <u>RECREATION THERAPY ASSISTANT</u> |
| <u>8055A</u> | <u>2</u> | <u>REHABILITATION CENTER MANAGER</u> |

| | | |
|--------------|-----------|---|
| <u>8592A</u> | <u>2</u> | <u>REHABILITATION COUNSELOR I</u> |
| <u>8593A</u> | <u>8</u> | <u>REHABILITATION COUNSELOR II</u> |
| <u>5826A</u> | <u>1</u> | <u>REHABILITATION THERAPY CHIEF</u> |
| <u>2095A</u> | <u>2</u> | <u>SECRETARY II</u> |
| <u>6612A</u> | <u>2</u> | <u>SR BLDG & EQUIPMENT MAINT WKR,AVRC</u> |
| <u>6399A</u> | <u>2</u> | <u>SENIOR COOK</u> |
| <u>2102A</u> | <u>1</u> | <u>SENIOR SECRETARY III</u> |
| <u>2216A</u> | <u>3</u> | <u>SENIOR TYPIST-CLERK</u> |
| <u>8243F</u> | <u>2</u> | <u>STUDENT PROFESSIONAL WORKER</u> |
| <u>5884A</u> | <u>11</u> | <u>SUBSTANCE ABUSE COUNSELOR</u> |
| <u>5883A</u> | <u>10</u> | <u>SUBSTANCE ABUSE COUNSELOR AID</u> |
| <u>9038A</u> | <u>1</u> | <u>SUPVG PSYCHIATRIC SOCIAL WORKER</u> |
| <u>2219A</u> | <u>1</u> | <u>SUPERVISING TYPIST-CLERK</u> |
| <u>9535</u> | <u>20</u> | <u>VOLUNTEER WORKER,W/O COMP</u> |

SECTION 3. Section 6.78.010 (Department of Health Services – Administration) is hereby amended to delete the following classes and number of ordinance positions:

| ITEM NO. | NO. OF ORDINANCE POSITIONS | TITLE |
|------------------|----------------------------|--|
| 4595N | 2 | ASSISTANT STAFF ANALYST,HLTH SERVS |
| 4544A | 4 | CHF DEP DIR,MD,HS PUB HLTH PROG(UC) |
| 2672A | 2 | DATA CONVERSION EQUIP OPERATOR I |

| | | |
|-------|---|------------------------------------|
| 0748A | 2 | FINANCIAL SPECIALIST II |
| 0749N | 3 | FINANCIAL SPECIALIST III |
| 0722N | 4 | SENIOR HEALTH SERVS FISCAL ANALYST |

SECTION 4. Section 6.78.010 (Department of Health Services – Administration) is hereby amended to change the number of ordinance positions for the following classes:

| ITEM NO. | NO. OF ORDINANCE POSITIONS | | TITLE |
|----------|----------------------------|----|-------------------------------------|
| 0578A | 27 | 18 | ACCOUNT CLERK II |
| 0647A | 14 | 10 | ACCOUNTANT II |
| 0648A | 8 | 7 | ACCOUNTANT III |
| 0657A | 7 | 5 | ACCOUNTING OFFICER II |
| 0642A | 10 | 5 | ACCOUNTING TECHNICIAN I |
| 0643A | 17 | 12 | ACCOUNTING TECHNICIAN II |
| 0888A | 16 | 12 | ADMINISTRATIVE ASSISTANT II |
| 0889A | 27 | 23 | ADMINISTRATIVE ASSISTANT III |
| 4595A | 34 | 26 | ASSISTANT STAFF ANALYST, HLTH SERVS |
| 1335A | 7 | 6 | ASSISTANT SUPERVISING PAYROLL CLERK |
| 4607A | 3 | 2 | CHIEF, PROGRAM REIMBURSEMENT, HS |
| 4614A | 11 | 6 | CONTRACT PROGRAM AUDITOR |
| 4614N | 6 | 3 | CONTRACT PROGRAM AUDITOR |

| | | | |
|-------|---------------|----|-------------------------------------|
| 6774A | 39 | 22 | CUSTODIAN |
| 6776A | 3 | 1 | CUSTODIAN WORKING SUPERVISOR |
| 1848A | 26 | 24 | DEPARTMENTAL PERSONNEL TECHNICIAN |
| 4569A | 3 | 2 | EXECUTIVE MANAGER,HEALTH SERVS |
| 0749A | 9 | 4 | FINANCIAL SPECIALIST III |
| 0750A | 4 | 3 | FINANCIAL SPECIALIST IV |
| 0752A | 9 | 8 | FISCAL OFFICER I |
| 1850A | 6 | 5 | HEAD DEPARTMENTAL PERSONNEL TECH |
| 0672A | 40 | 8 | HEALTH CARE FINANCIAL ANALYST |
| 0672N | 4 | 2 | HEALTH CARE FINANCIAL ANALYST |
| 2591N | 4 | 3 | INFORMATION SYSTEMS ANALYST II |
| 1138A | 22 | 20 | INTERMEDIATE CLERK |
| 2214A | 90 | 88 | INTERMEDIATE TYPIST-CLERK |
| 1331A | 40 | 6 | PAYROLL CLERK I |
| 0668A | 26 | 25 | PRIN ACCOUNTING SYSTEMS TECHNICIAN |
| 2343A | 3 | 2 | PROCUREMENT AID |
| 2344A | 8 | 7 | PROCUREMENT ASSISTANT I |
| 2346A | 2 | 1 | PROCUREMENT ASSISTANT II |
| 4604A | 4 | 2 | PROGRAMS ADMINISTRATOR,HEALTH SERVS |
| 2095A | 5 | 4 | SECRETARY II |
| 2096A | 44 | 10 | SECRETARY III |
| 1140A | 36 | 35 | SENIOR CLERK |

| | | | |
|-------|---------------|----|------------------------------------|
| 1843A | 26 | 23 | SENIOR DEPARTMENTAL PERSONNEL ASST |
| 1849A | 44 | 37 | SENIOR DEPARTMENTAL PERSONNEL TECH |
| 2118A | 2 | 1 | SENIOR MANAGEMENT SECRETARY V |
| 2101A | 46 | 15 | SENIOR SECRETARY II |
| 4594A | 26 | 25 | SENIOR STAFF ANALYST,HEALTH |
| 2216A | 70 | 67 | SENIOR TYPIST-CLERK |
| 4593A | 78 | 74 | STAFF ANALYST,HEALTH |
| 4593N | 3 | 2 | STAFF ANALYST,HEALTH |
| 8243F | 20 | 17 | STUDENT PROFESSIONAL WORKER |
| 8242F | 44 | 13 | STUDENT WORKER |
| 0898A | 5 | 4 | SUPVG ADMINISTRATIVE ASSISTANT III |
| 4582A | 5 | 4 | SUPERVISOR,CONTRACTS & GRANTS,HS |
| 2331A | 4 | 3 | WAREHOUSE WORKER I |
| 2333A | 2 | 1 | WAREHOUSE WORKER III |
| 2329A | 4 | 2 | WAREHOUSE WORKER AID |

SECTION 5. Chapter 6.78 (Department of Health Services) is hereby amended to repeal Section 6.78.015 (Department of Health Services – Office of AIDS programs and policy):

~~6.78.015 — Office of AIDS programs and policy — Positions.~~

| ITEM NO. | NO. OF ORDINANCE POSITIONS | TITLE |
|------------------|-----------------------------------|--|
| 0578N | 3 | ACCOUNT CLERK II |
| 0647N | 5 | ACCOUNTANT II |
| 0648N | 4 | ACCOUNTANT III |
| 0657N | 4 | ACCOUNTING OFFICER II |
| 0642A | 3 | ACCOUNTING TECHNICIAN I |
| 0887N | 2 | ADMINISTRATIVE ASSISTANT I |
| 0888A | 5 | ADMINISTRATIVE ASSISTANT II |
| 0888N | 3 | ADMINISTRATIVE ASSISTANT II |
| 0889A | 7 | ADMINISTRATIVE ASSISTANT III |
| 0889N | 12 | ADMINISTRATIVE ASSISTANT III |
| 4603A | 1 | ADMR, SPECIALIZED HEALTH PROGRAM |
| 4611Q | 1 | ASST HEALTH PROGRAM COORDINATOR |
| 5295N | 1 | ASST NURSING DIR, ADMINISTRATION |
| 5233N | 4 | ASSISTANT PROGRAM SPECIALIST, PHN |
| 4595A | 2 | ASSISTANT STAFF ANALYST, HLTH SERVS |
| 4595N | 4 | ASSISTANT STAFF ANALYST, HLTH SERVS |

| | | |
|-------|----|--------------------------------------|
| 5479A | 1 | CHIEF PHYSICIAN I,MD |
| 8974N | 1 | CHIEF RESEARCH ANALYST, BEHAVIOR SCI |
| 8696N | 1 | CLINICAL PSYCHOLOGIST COORD I |
| 9024N | 2 | CLINICAL SOCIAL WORK CONSULTANT |
| 8110N | 1 | COMMUNITY SERVICES COORDINATOR II |
| 8108N | 14 | COMMUNITY SERVICES COUNSELOR |
| 4614A | 3 | CONTRACT PROGRAM AUDITOR |
| 4614N | 27 | CONTRACT PROGRAM AUDITOR |
| 2672N | 2 | DATA CONVERSION EQUIP OPERATOR I |
| 1759A | 1 | EPIDEMIOLOGIST |
| 1759N | 2 | EPIDEMIOLOGIST |
| 1757N | 3 | EPIDEMIOLOGY ANALYST |
| 0752N | 1 | FISCAL OFFICER I |
| 4619N | 2 | HEAD CONTRACT PROGRAM AUDITOR |
| 1077N | 1 | HEAD,MANAGEMENT SERVICES,HS |
| 0672N | 3 | HEALTH CARE FINANCIAL ANALYST |
| 4846N | 7 | HEALTH EDUCATION ASSISTANT |
| 4848A | 3 | HEALTH EDUCATOR |
| 4848N | 4 | HEALTH EDUCATOR |
| 5701N | 1 | HLTH FACILITIES CONSULTANT,NURSING |
| 4613N | 2 | HEALTH PROGRAM COORDINATOR |
| 2590N | 1 | INFORMATION SYSTEMS ANALYST I |

| | | |
|-------|---|--------------------------------------|
| 2591N | 8 | INFORMATION SYSTEMS ANALYST II |
| 2595N | 2 | INFORMATION SYSTEMS SUPERVISOR I |
| 2596A | 4 | INFORMATION SYSTEMS SUPERVISOR II |
| 1138N | 4 | INTERMEDIATE CLERK |
| 2214A | 3 | INTERMEDIATE TYPIST CLERK |
| 2214N | 4 | INTERMEDIATE TYPIST CLERK |
| 6022N | 4 | LIGHT VEHICLE DRIVER |
| 2109A | 4 | MANAGEMENT SECRETARY III |
| 5286N | 4 | NURSE MANAGER |
| 5353N | 4 | NURSING CARE SPECIALIST II |
| 5512N | 4 | PHARMACIST |
| 5477A | 4 | PHYSICIAN SPECIALIST, MD |
| 2344N | 4 | PROCUREMENT ASSISTANT I |
| 0977N | 4 | PROGRAM MANAGER I |
| 0978N | 2 | PROGRAM MANAGER II |
| 5237N | 2 | PROGRAM SPECIALIST, PUB HLTH NURSING |
| 9122N | 4 | PROJECT DIRECTOR I |
| 5230A | 4 | PUBLIC HEALTH NURSE |
| 5230N | 2 | PUBLIC HEALTH NURSE |
| 5236A | 4 | PUBLIC HEALTH NURSING SUPERVISOR |
| 8971N | 2 | RESEARCH ANALYST I, BEHAVIOR SCI |
| 8972N | 9 | RESEARCH ANALYST II, BEHAVIOR SCI |

| | | |
|-------|----|-------------------------------------|
| 8973N | 7 | RESEARCH ANALYST III, BEHAVIOR SCI |
| 2095A | 4 | SECRETARY II |
| 2096A | 2 | SECRETARY III |
| 2096N | 4 | SECRETARY III |
| 9019A | 4 | SENIOR CLINICAL SOCIAL WORKER |
| 4615A | 4 | SENIOR CONTRACT PROGRAM AUDITOR |
| 4615N | 4 | SENIOR CONTRACT PROGRAM AUDITOR |
| 4849N | 4 | SENIOR DEPARTMENTAL PERSONNEL TECH |
| 4850A | 4 | SENIOR HEALTH EDUCATOR |
| 4850N | 4 | SENIOR HEALTH EDUCATOR |
| 0722N | 4 | SENIOR HEALTH SERVS FISCAL ANALYST |
| 1599A | 4 | SENIOR PUBLIC INFORMATION ASSISTANT |
| 2101N | 4 | SENIOR SECRETARY II |
| 2103A | 4 | SENIOR SECRETARY IV |
| 4594A | 2 | SENIOR STAFF ANALYST, HEALTH |
| 4594N | 3 | SENIOR STAFF ANALYST, HEALTH |
| 2216A | 9 | SENIOR TYPIST-CLERK |
| 2216N | 12 | SENIOR TYPIST-CLERK |
| 4593A | 5 | STAFF ANALYST, HEALTH |
| 4593N | 2 | STAFF ANALYST, HEALTH |
| 0907A | 4 | STAFF ASSISTANT I |
| 0907N | 4 | STAFF ASSISTANT I |

8243F 5 STUDENT PROFESSIONAL WORKER

5124N 2 UTILIZATION REVIEW NURSE

SECTION 6. Chapter 6.78 (Department of Health Services) is hereby amended to repeal Section 6.78.020 (Department of Health Services – Alcohol and drug programs administration):

~~6.78.020 — Alcohol and drug programs administration — Positions.~~

| ITEM NO. | NO. OF ORDINANCE POSITIONS | TITLE |
|----------|----------------------------|-----------------------------|
| 0577A | 4 | ACCOUNT CLERK I |
| 0578A | 4 | ACCOUNT CLERK II |
| 0647A | 2 | ACCOUNTANT II |
| 0647N | 3 | ACCOUNTANT II |
| 0648A | 7 | ACCOUNTANT III |
| 0648N | 4 | ACCOUNTANT III |
| 0657A | 4 | ACCOUNTING OFFICER II |
| 0657N | 4 | ACCOUNTING OFFICER II |
| 0642A | 3 | ACCOUNTING TECHNICIAN I |
| 0642N | 7 | ACCOUNTING TECHNICIAN I |
| 0643A | 3 | ACCOUNTING TECHNICIAN II |
| 0887A | 4 | ADMINISTRATIVE ASSISTANT I |
| 0888A | 6 | ADMINISTRATIVE ASSISTANT II |
| 0888N | 4 | ADMINISTRATIVE ASSISTANT II |

| | | |
|-------|----|---------------------------------------|
| 0889N | 4 | ADMINISTRATIVE ASSISTANT III |
| 0889Q | 4 | ADMINISTRATIVE ASSISTANT III |
| 4603A | 4 | ADMR, SPECIALIZED HEALTH PROGRAM |
| 4610A | 4 | ASST PROGRAM DIRECTOR, DRUG ABUSE, HS |
| 4609A | 4 | ASST PROG DIR, OFF OF ALCOHOL PRO, HS |
| 4595A | 2 | ASSISTANT STAFF ANALYST, HLTH SERVS |
| 4595N | 4 | ASSISTANT STAFF ANALYST, HLTH SERVS |
| 8707J | 2 | BEHAVIORAL SCIENCES CONSULTANT |
| 4618A | 4 | CHIEF, DRINKING DRIVER PROGRAMS |
| 1036A | 4 | CHIEF, FISCAL SERVS, SUBSTANCE ABUSE |
| 8974N | 2 | CHIEF RESEARCH ANALYST, BEHAVIOR SCI |
| 0909A | 4 | COMMISSION ASST, SUBSTANCE ABUSE |
| 8110N | 3 | COMMUNITY SERVICES COORDINATOR II |
| 2489A | 4 | COMPUTER EQUIPMENT OPERATOR |
| 2490A | 4 | COMPUTER SYSTEM OPERATOR |
| 5472J | 6 | CONSULTING SPECIALIST, MD (PER SESS) |
| 4614A | 21 | CONTRACT PROGRAM AUDITOR |
| 4614N | 13 | CONTRACT PROGRAM AUDITOR |
| 1759N | 4 | EPIDEMIOLOGIST |
| 1757N | 4 | EPIDEMIOLOGY ANALYST |
| 0747N | 3 | FINANCIAL SPECIALIST I |
| 0749A | 4 | FINANCIAL SPECIALIST III |

| | | |
|-------|----|--------------------------------------|
| 0749N | 2 | FINANCIAL SPECIALIST III |
| 0752A | 4 | FISCAL OFFICER I |
| 4619A | 2 | HEAD CONTRACT PROGRAM AUDITOR |
| 2590A | 4 | INFORMATION SYSTEMS ANALYST I |
| 2590N | 2 | INFORMATION SYSTEMS ANALYST I |
| 2591A | 3 | INFORMATION SYSTEMS ANALYST II |
| 2591N | 2 | INFORMATION SYSTEMS ANALYST II |
| 2588N | 2 | INFORMATION SYSTEMS ANALYST AID |
| 2595A | 2 | INFORMATION SYSTEMS SUPERVISOR I |
| 2596A | 4 | INFORMATION SYSTEMS SUPERVISOR II |
| 2597N | 4 | INFORMATION SYSTEMS SUPERVISOR III |
| 2172A | 3 | INTERMEDIATE STENOGRAPHER |
| 2172N | 3 | INTERMEDIATE STENOGRAPHER |
| 2214A | 6 | INTERMEDIATE TYPIST CLERK |
| 2214N | 6 | INTERMEDIATE TYPIST CLERK |
| 2109A | 4 | MANAGEMENT SECRETARY III |
| 9407 | 15 | MEMBER, COUNTY COMM ON ALCOHOLISM* |
| 9422 | 21 | MEMBER, NARC & DANGEROUS DRUGS COMM* |
| 0668A | 4 | PRIN ACCOUNTING SYSTEMS TECHNICIAN |
| 2344A | 4 | PROCUREMENT ASSISTANT I |
| 4598A | 4 | PROGRAM DIR, OFF OF ALCOHOL PROG, HS |
| 2521A | 4 | PROGRAMMER ANALYST II |

| | | |
|-------|----|-------------------------------------|
| 4604A | 1 | PROGRAMS ADMINISTRATOR,HEALTH SERVS |
| 9122A | 1 | PROJECT DIRECTOR I |
| 5645A | 15 | PUBLIC HEALTH INVESTIGATOR |
| 5645O | 2 | PUBLIC HEALTH INVESTIGATOR |
| 8972A | 4 | RESEARCH ANALYST II,BEHAVIOR SCI |
| 8972N | 4 | RESEARCH ANALYST II,BEHAVIOR SCI |
| 8972O | 1 | RESEARCH ANALYST II,BEHAVIOR SCI |
| 8973A | 6 | RESEARCH ANALYST III,BEHAVIOR SCI |
| 8973N | 5 | RESEARCH ANALYST III,BEHAVIOR SCI |
| 2095A | 5 | SECRETARY II |
| 2096A | 2 | SECRETARY III |
| 0666A | 1 | SENIOR ACCOUNTING SYSTEMS TECH |
| 1140A | 1 | SENIOR CLERK |
| 8105N | 1 | SENIOR COMMUNITY WORKER II |
| 4615A | 3 | SENIOR CONTRACT PROGRAM AUDITOR |
| 4615N | 3 | SENIOR CONTRACT PROGRAM AUDITOR |
| 2102A | 2 | SENIOR SECRETARY III |
| 4594A | 2 | SENIOR STAFF ANALYST,HEALTH |
| 1353N | 1 | SENIOR STATISTICAL CLERK |
| 2216A | 2 | SENIOR TYPIST CLERK |
| 4593A | 3 | STAFF ANALYST,HEALTH |
| 4593N | 5 | STAFF ANALYST,HEALTH |

| | | |
|-------|----|---|
| 0913A | 4 | STAFF ASSISTANT II |
| 0913N | 4 | STAFF ASSISTANT II |
| 1352A | 5 | STATISTICAL CLERK |
| 8243F | 33 | STUDENT PROFESSIONAL WORKER |
| 5646A | 3 | SUPVG PUBLIC HEALTH INVESTIGATOR |
| 2177A | 4 | SUPERVISING STENOGRAPHER I |
| 2550A | 4 | SYSTEMS PROGRAMMER |

SECTION 7. Chapter 6.78 (Department of Health Services) is hereby amended to repeal Section 6.78.025 (Department of Health Services – Children’s medical services):

~~6.78.025 — Children’s medical services — Positions.~~

| ITEM NO. | NO. OF ORDINANCE POSITIONS | TITLE |
|-----------------|-----------------------------------|------------------------------------|
| 0578A | 3 | ACCOUNT CLERK II |
| 0578N | 4 | ACCOUNT CLERK II |
| 0647A | 4 | ACCOUNTANT II |
| 0647N | 3 | ACCOUNTANT II |
| 0648A | 4 | ACCOUNTANT III |
| 0648N | 4 | ACCOUNTANT III |
| 0656N | 2 | ACCOUNTING OFFICER I |
| 0642A | 4 | ACCOUNTING TECHNICIAN I |

| | | |
|-------|---|------------------------------------|
| 0642N | 1 | ACCOUNTING TECHNICIAN I |
| 0643A | 1 | ACCOUNTING TECHNICIAN II |
| 0887N | 1 | ADMINISTRATIVE ASSISTANT I |
| 0888N | 2 | ADMINISTRATIVE ASSISTANT II |
| 0889A | 3 | ADMINISTRATIVE ASSISTANT III |
| 0889N | 3 | ADMINISTRATIVE ASSISTANT III |
| 5295A | 4 | ASST NURSING DIR, ADMINISTRATION |
| 5233N | 5 | ASSISTANT PROGRAM SPECIALIST, PHN |
| 5894N | 1 | AUDIOLOGIST I |
| 1190A | 1 | BILLING SUPERVISOR |
| 5479A | 1 | CHIEF PHYSICIAN I, MD |
| 5328A | 2 | CLINIC NURSE II |
| 5298N | 1 | CLINICAL NURSING DIRECTOR I |
| 9015A | 1 | CLINICAL SOCIAL WORK SUPERVISOR II |
| 9013A | 9 | CLINICAL SOCIAL WORKER |
| 2489A | 1 | COMPUTER EQUIPMENT OPERATOR |
| 2490A | 1 | COMPUTER SYSTEM OPERATOR |
| 4763N | 1 | DENTIST |
| 8057A | 1 | DIRECTOR, CHILDREN'S MEDICAL SERVS |
| 1759N | 1 | EPIDEMIOLOGIST |
| 1757N | 1 | EPIDEMIOLOGY ANALYST |
| 0749N | 1 | FINANCIAL SPECIALIST III |

| | | |
|-------|----|-----------------------------------|
| 0034A | 4 | HEAD,STAFF SERVICES |
| 4846N | 1 | HEALTH EDUCATION ASSISTANT |
| 4855N | 4 | HEALTH EDUCATION COORDINATOR |
| 4848N | 8 | HEALTH EDUCATOR |
| 2590A | 2 | INFORMATION SYSTEMS ANALYST I |
| 2590N | 2 | INFORMATION SYSTEMS ANALYST I |
| 2591A | 3 | INFORMATION SYSTEMS ANALYST II |
| 2591N | 4 | INFORMATION SYSTEMS ANALYST II |
| 2569A | 4 | INFORMATION SYSTEMS SPECIALIST I |
| 2595A | 4 | INFORMATION SYSTEMS SUPERVISOR I |
| 2596N | 4 | INFORMATION SYSTEMS SUPERVISOR II |
| 1138A | 20 | INTERMEDIATE CLERK |
| 2172N | 4 | INTERMEDIATE STENOGRAPHER |
| 2221A | 6 | INTERMEDIATE SUPVGTYPYST CLERK |
| 2214A | 62 | INTERMEDIATE TYPIST CLERK |
| 2214N | 47 | INTERMEDIATE TYPIST CLERK |
| 1154N | 4 | INTERPRETER |
| 5104N | 8 | LICENSED VOCATIONAL NURSE I |
| 9002A | 4 | MEDICAL CASE WORKER II |
| 1401N | 4 | MEDICAL RECORD TECHNICIAN II |
| 1389N | 4 | MEDICAL RECORDS SUPERVISOR I |
| 2135A | 4 | MEDICAL SECRETARY |

| | | |
|-------|----|------------------------------------|
| 5350A | 70 | MEDICAL SERVICE COORDINATOR,CCS |
| 5350N | 82 | MEDICAL SERVICE COORDINATOR,CCS |
| 2209A | 4 | MEDICAL TRANSCRIBER-TYPIST |
| 5286A | 3 | NURSE-MANAGER |
| 5286N | 2 | NURSE-MANAGER |
| 5351A | 1 | NURSING-CARE-SPECIALIST-I |
| 5214A | 1 | NURSING-INSTRUCTOR |
| 5214N | 3 | NURSING-INSTRUCTOR |
| 4803N | 2 | NUTRITIONIST-II |
| 5856A | 47 | OCCUPATIONAL THERAPIST-I |
| 5856F | 4 | OCCUPATIONAL THERAPIST-I |
| 5856N | 4 | OCCUPATIONAL THERAPIST-I |
| 5857A | 22 | OCCUPATIONAL THERAPIST-II |
| 5857F | 2 | OCCUPATIONAL THERAPIST-II |
| 5858A | 4 | OCCUPATIONAL THERAPY ASSISTANT |
| 5862A | 1 | OCCUPATIONAL THERAPY EDUC COORD |
| 5861A | 4 | OCCUPATIONAL THERAPY INSTRUCTOR |
| 5859A | 11 | OCCUPATIONAL THERAPY SUPERVISOR-I |
| 5865A | 4 | OCCUPATIONAL THERAPY SUPERVISOR-II |
| 9193A | 19 | PATIENT FINANCIAL SERVS WORKER |
| 5836A | 8 | PHYSICAL THERAPIST ASSISTANT |
| 5837A | 37 | PHYSICAL THERAPIST-I |

| | | |
|-------|-----|-------------------------------------|
| 5837F | 14 | PHYSICAL THERAPIST I |
| 5837N | 4 | PHYSICAL THERAPIST I |
| 5839A | 22 | PHYSICAL THERAPIST II |
| 5839F | 2 | PHYSICAL THERAPIST II |
| 5847A | 1 | PHYSICAL THERAPY EDUCATION COORD |
| 5842A | 2 | PHYSICAL THERAPY INSTRUCTOR |
| 5843A | 14 | PHYSICAL THERAPY SUPERVISOR I |
| 5849A | 4 | PHYSICAL THERAPY SUPERVISOR II |
| 5477A | 5 | PHYSICIAN SPECIALIST,MD |
| 5477C | 1 | PHYSICIAN SPECIALIST,MD |
| 5477N | 4 | PHYSICIAN SPECIALIST,MD |
| 9520 | 1 | PHYSICIAN SPECIALIST,MD,W/O COMP |
| 2343N | 1 | PROCUREMENT AID |
| 2346A | 1 | PROCUREMENT ASSISTANT II |
| 0979N | 1 | PROGRAM MANAGER III,HEALTH SERVS |
| 5237A | 1 | PROGRAM SPECIALIST,PUB HLTH NURSING |
| 5237N | 2 | PROGRAM SPECIALIST,PUB HLTH NURSING |
| 5230A | 138 | PUBLIC HEALTH NURSE |
| 5230N | 5 | PUBLIC HEALTH NURSE |
| 5236A | 11 | PUBLIC HEALTH NURSING SUPERVISOR |
| 5882A | 38 | REHABILITATION THERAPY TECHNICIAN |
| 8971A | 1 | RESEARCH ANALYST I,BEHAVIOR SCI |

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| 8973N | 4 | RESEARCH ANALYST III, BEHAVIOR SCI |
| 8063A | 4 | REVENUE MANAGER I |
| 2094A | 4 | SECRETARY I |
| 2095A | 4 | SECRETARY II |
| 2096A | 4 | SECRETARY III |
| 1140A | 40 | SENIOR CLERK |
| 9019A | 3 | SENIOR CLINICAL SOCIAL WORKER |
| 5216N | 4 | SENIOR NURSING INSTRUCTOR |
| 5478A | 4 | SENIOR PHYSICIAN, MD |
| 5478N | 4 | SENIOR PHYSICIAN, MD |
| 2525A | 4 | SENIOR PROGRAMMER ANALYST |
| 2102A | 4 | SENIOR SECRETARY III |
| 4594A | 4 | SENIOR STAFF ANALYST, HEALTH |
| 2216A | 82 | SENIOR TYPIST-CLERK |
| 2216N | 5 | SENIOR TYPIST-CLERK |
| 4593N | 4 | STAFF ANALYST, HEALTH |
| 0907A | 4 | STAFF ASSISTANT I |
| 0913A | 6 | STAFF ASSISTANT II |
| 8243F | 6 | STUDENT PROFESSIONAL WORKER |
| 9530 | 11 | STUDENT THERAPIST, W/O COMP |
| 8242F | 16 | STUDENT WORKER |
| 0898A | 4 | SUPVG ADMINISTRATIVE ASSISTANT III |

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| 5356A | 5 | SUPVG MEDICAL SERVICE COORD,CCS |
| 5356N | 13 | SUPVG MEDICAL SERVICE COORD,CCS |
| 9194A | 4 | SUPVG PATIENT FIN SERVICE WORKER I |
| 9195A | 4 | SUPVG PATIENT FIN SERVICE WORKER II |
| 2219A | 4 | SUPERVISING TYPIST CLERK |
| 2219N | 4 | SUPERVISING TYPIST CLERK |
| 5820A | 4 | THERAPY SERVICES CHIEF,CMS |
| 5125A | 4 | UTILIZATION REVIEW NURSE SUPVR I |
| 5126A | 4 | UTILIZATION REVIEW NURSE SUPVR II |
| 9535 | 20 | VOLUNTEER WORKER,W/O COMP |
| 2331A | 4 | WAREHOUSE WORKER I |
| 2329N | 4 | WAREHOUSE WORKER AID |

SECTION 8. Chapter 6.78 (Department of Health Services) is amended to repeal Section 6.78.040 (Department of Health Services – Public health services):

~~6.78.040 — Public health services — Positions.~~

| ITEM NO. | NO. OF ORDINANCE POSITIONS | TITLE |
|----------|----------------------------|--------------------------|
| 0647N | 2 | ACCOUNTANT II |
| 0643N | 4 | ACCOUNTING TECHNICIAN II |
| 0886F | 4 | ADMINISTRATIVE AID |
| 0886O | 13 | ADMINISTRATIVE AID |

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| 0888A | 3 | ADMINISTRATIVE ASSISTANT II |
| 0888N | 11 | ADMINISTRATIVE ASSISTANT II |
| 0889A | 3 | ADMINISTRATIVE ASSISTANT III |
| 0889N | 13 | ADMINISTRATIVE ASSISTANT III |
| 1004A | 1 | ADMINISTRATIVE SERVICES MANAGER III |
| 8049A | 1 | ADMR, COMP AMBULATORY HLTH CARE CTR |
| 4603A | 1 | ADMR, SPECIALIZED HEALTH PROGRAM |
| 2986A | 2 | ANIMAL HEALTH TECHNICIAN |
| 5723A | 9 | ANIMAL SANITATION INSPECTOR |
| 4622A | 4 | AREA ADMINISTRATOR, PUBLIC HEALTH |
| 4601A | 2 | AREA HEALTH OFFICER, PUBLIC HEALTH |
| 5712N | 1 | ASST CHF, HLTH FACILITIES INSPN DIV |
| 4558A | 1 | ASST DIRECTOR OF HEALTH SERVICES |
| 4611N | 3 | ASST HEALTH PROGRAM COORDINATOR |
| 5287A | 1 | ASST NURSING DIRECTOR, EDUCATION |
| 5287N | 1 | ASST NURSING DIRECTOR, EDUCATION |
| 5233A | 4 | ASSISTANT PROGRAM SPECIALIST, PHN |
| 5233N | 31 | ASSISTANT PROGRAM SPECIALIST, PHN |
| 1270A | 9 | ASSISTANT PUBLIC HEALTH REGISTRAR |
| 4595A | 7 | ASSISTANT STAFF ANALYST, HLTH SERVS |
| 4595N | 12 | ASSISTANT STAFF ANALYST, HLTH SERVS |

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| 1253A | 4 | CASHIER |
| 5678A | 34 | CHIEF ENVIRONMENTAL HEALTH SPEC |
| 5678N | 4 | CHIEF ENVIRONMENTAL HEALTH SPEC |
| 1761A | 4 | CHIEF EPIDEMIOLOGIST |
| 1761N | 4 | CHIEF EPIDEMIOLOGIST |
| 5713N | 4 | CHF,HLTH FACILITIES INSPECTION DIV |
| 5479A | 12 | CHIEF PHYSICIAN I,MD |
| 5480A | 7 | CHIEF PHYSICIAN II,MD |
| 5481A | 4 | CHIEF PHYSICIAN III,MD |
| 5481N | 4 | CHIEF PHYSICIAN III,MD |
| 1070A | 2 | CHIEF,PUBLIC HEALTH ADMINISTRATION |
| 5650A | 2 | CHIEF,PUBLIC HEALTH INVESTIGATION |
| 4573A | 4 | CHIEF,PUB HEALTH RECORDS & RESEARCH |
| 8974A | 2 | CHIEF RESEARCH ANALYST,BEHAVIOR SCI |
| 8974N | 4 | CHIEF RESEARCH ANALYST,BEHAVIOR SCI |
| 5676A | 4 | CHIEF,VECTORBORNE DISEASE SURV PROG |
| 5734A | 3 | CHIEF VETERINARIAN |
| 1136A | 4 | CLERK |
| 5090A | 8 | CLINIC LICENSED VOCATIONAL NURSE I |
| 5090N | 10 | CLINIC LICENSED VOCATIONAL NURSE I |
| 5094A | 3 | CLINIC LICENSED VOCATIONAL NURSE II |
| 5094N | 3 | CLINIC LICENSED VOCATIONAL NURSE II |

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|-------|----|---|
| 5327A | 46 | CLINIC NURSE I |
| 5327F | 8 | CLINIC NURSE I |
| 5327N | 6 | CLINIC NURSE I |
| 5328A | 6 | CLINIC NURSE II |
| 5328N | 2 | CLINIC NURSE II |
| 5087A | 2 | CLINIC NURSING ATTENDANT I |
| 5468J | 22 | CLINIC PHYSICIAN, MD (PER SESSION) |
| 4922N | 2 | CLINICAL CHEMIST |
| 4926N | 2 | CLINICAL CHEMIST SUPERVISOR I |
| 4919N | 2 | CLINICAL MICROBIOLOGIST I |
| 4920N | 4 | CLINICAL MICROBIOLOGIST II |
| 5299A | 2 | CLINICAL NURSING DIRECTOR II |
| 9024N | 5 | CLINICAL SOCIAL WORK CONSULTANT |
| 3725N | 4 | COMMUNICATIONS SERVICES ANALYST |
| 8109N | 1 | COMMUNITY SERVICES COORDINATOR I |
| 8108N | 4 | COMMUNITY SERVICES COUNSELOR |
| 8103A | 47 | COMMUNITY WORKER |
| 8103N | 59 | COMMUNITY WORKER |
| 6601A | 4 | CONSTRUCTION & REPAIR LABORER |
| 4614N | 6 | CONTRACT PROGRAM AUDITOR |
| 2672A | 8 | DATA CONVERSION EQUIP OPERATOR I |
| 2673A | 6 | DATA CONVERSION EQUIP OPERATOR II |

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| 2673N | 4 | DATA CONVERSION EQUIP OPERATOR II |
| 2676N | 2 | DATA CONVERSION SUPERVISOR I |
| 2624A | 4 | DATA ELEMENTS COORDINATOR, HS |
| 4777A | 2 | DENTAL DIRECTOR II |
| 1848A | 4 | DEPARTMENTAL PERSONNEL TECHNICIAN |
| 1848N | 4 | DEPARTMENTAL PERSONNEL TECHNICIAN |
| 5689A | 4 | DIR, DISTRICT ENVIRONMENTAL SERVICES |
| 5687A | 4 | DIRECTOR, ENVIRONMENTAL PLNG & EVAL |
| 1514N | 2 | DISASTER SERVICES ANALYST |
| 1517N | 4 | DISASTER SERVICES SPECIALIST |
| 6471O | 4 | ELECTRICIAN |
| 4371A | 4 | ENGINEERING GEOLOGIST |
| 5692A | 4 | ENVIRONMENTAL HEALTH DEPUTY |
| 5688A | 6 | ENVIRONMENTAL HEALTH SERVS MANAGER |
| 5688N | 4 | ENVIRONMENTAL HEALTH SERVS MANAGER |
| 5670M | 20 | ENVIRONMENTAL HEALTH SPECIALIST I |
| 5671A | 249 | ENVIRONMENTAL HEALTH SPECIALIST II |
| 5672A | 218 | ENVIRONMENTAL HEALTH SPECIALIST III |
| 5672N | 24 | ENVIRONMENTAL HEALTH SPECIALIST III |
| 5673A | 26 | ENVIRONMENTAL HEALTH SPECIALIST IV |
| 5673N | 6 | ENVIRONMENTAL HEALTH SPECIALIST IV |
| 5675A | 7 | ENVIRONMENTAL HEALTH STAFF SPEC |

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|-------|----|-------------------------------------|
| 5675N | 4 | ENVIRONMENTAL HEALTH STAFF SPEC |
| 5668A | 37 | ENVIRONMENTAL HEALTH TECHNICIAN |
| 5668N | 4 | ENVIRONMENTAL HEALTH TECHNICIAN |
| 5680A | 4 | ENVIRONMENTAL HEALTH TRAINING COORD |
| 1759A | 20 | EPIDEMIOLOGIST |
| 1759N | 23 | EPIDEMIOLOGIST |
| 1757A | 48 | EPIDEMIOLOGY ANALYST |
| 1757N | 29 | EPIDEMIOLOGY ANALYST |
| 1179A | 4 | HEAD CLERK |
| 1850A | 4 | HEAD DEPARTMENTAL PERSONNEL TECH |
| 1077A | 4 | HEAD,MANAGEMENT SERVICES,HS |
| 7145N | 4 | HEAD,MEDIA SERVICES |
| 4396A | 4 | HEAD,OCCUPATIONAL HEALTH SERVICES |
| 1275A | 4 | HEAD PUBLIC HEALTH REGISTRAR |
| 5780N | 4 | HEAD,RADIATION CONTROL |
| 1869N | 4 | HEAD STAFF DEVELOPMENT SPECIALIST |
| 0672A | 4 | HEALTH CARE FINANCIAL ANALYST |
| 0672N | 2 | HEALTH CARE FINANCIAL ANALYST |
| 4846A | 4 | HEALTH EDUCATION ASSISTANT |
| 4846N | 48 | HEALTH EDUCATION ASSISTANT |
| 4846O | 4 | HEALTH EDUCATION ASSISTANT |
| 4855A | 4 | HEALTH EDUCATION COORDINATOR |

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|-------|-----|-------------------------------------|
| 4848A | 20 | HEALTH EDUCATOR |
| 4848N | 14 | HEALTH EDUCATOR |
| 4798N | 2 | HLTH FACIL CONSULT,DIET & FOOD SERV |
| 5701A | 4 | HLTH FACILITIES CONSULTANT,NURSING |
| 5864N | 4 | HLTH FACILITIES CONS,OCCUP THERAPY |
| 5535N | 2 | HLTH FACILITIES CONSULT,PHARMACY |
| 5848N | 4 | HLTH FACIL CONSULT,PHYSICAL THERAPY |
| 5702N | 112 | HEALTH FACILITIES EVALUATOR I |
| 5703N | 19 | HEALTH FACILITIES EVALUATOR II |
| 5704N | 9 | HEALTH FACILITIES EVALUATOR III |
| 5706N | 4 | HEALTH FACILITIES PROGRAM MANAGER |
| 5775A | 4 | HEALTH PHYSICIST |
| 5775N | 3 | HEALTH PHYSICIST |
| 4613N | 6 | HEALTH PROGRAM COORDINATOR |
| 5089A | 4 | HOME NURSING ATTENDANT |
| 4382A | 5 | INDUSTRIAL HYGIENIST |
| 4382N | 2 | INDUSTRIAL HYGIENIST |
| 2590A | 12 | INFORMATION SYSTEMS ANALYST I |
| 2590N | 9 | INFORMATION SYSTEMS ANALYST I |
| 2591A | 15 | INFORMATION SYSTEMS ANALYST II |
| 2591N | 25 | INFORMATION SYSTEMS ANALYST II |
| 2588A | 6 | INFORMATION SYSTEMS ANALYST AID |

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| 2588N | 3 | INFORMATION SYSTEMS ANALYST AID |
| 2593A | 5 | INFORMATION SYSTEMS COORDINATOR |
| 2593N | 6 | INFORMATION SYSTEMS COORDINATOR |
| 2573A | 4 | INFORMATION SYSTEMS MANAGER I |
| 2595A | 4 | INFORMATION SYSTEMS SUPERVISOR I |
| 2595N | 2 | INFORMATION SYSTEMS SUPERVISOR I |
| 2596A | 4 | INFORMATION SYSTEMS SUPERVISOR II |
| 7096A | 4 | INSTRUCTIONAL MEDIA ASSISTANT |
| 4138A | 5 | INTERMEDIATE CLERK |
| 4138N | 4 | INTERMEDIATE CLERK |
| 2172A | 23 | INTERMEDIATE STENOGRAPHER |
| 2221A | 2 | INTERMEDIATE SUPVGT TYPIST CLERK |
| 2214A | 160 | INTERMEDIATE TYPIST CLERK |
| 2214N | 43 | INTERMEDIATE TYPIST CLERK |
| 4154F | 4 | INTERPRETER |
| 4976A | 18 | LABORATORY ASSISTANT |
| 4976N | 9 | LABORATORY ASSISTANT |
| 4902A | 4 | LABORATORY QUALITY CONTROL COORD |
| 5104A | 7 | LICENSED VOCATIONAL NURSE I |
| 5104F | 4 | LICENSED VOCATIONAL NURSE I |
| 6022N | 4 | LIGHT VEHICLE DRIVER |
| 2109A | 4 | MANAGEMENT SECRETARY III |

| | | |
|-------|----|------------------------------------|
| 2110A | 4 | MANAGEMENT SECRETARY IV |
| 5447A | 1 | MEDICAL DIRECTOR I,MD |
| 8382A | 1 | MEDICAL LIBRARIAN II |
| 5778N | 1 | MEDICAL RADIATION PHYSICIST |
| 1401A | 3 | MEDICAL RECORD TECHNICIAN II |
| 1407A | 1 | MEDICAL RECORDS CONSULTANT |
| 1407N | 1 | MEDICAL RECORDS CONSULTANT |
| 1390N | 1 | MEDICAL RECORDS SUPERVISOR II |
| 2180A | 7 | MEDICAL STENOGRAPHER |
| 4895A | 2 | MEDICAL TECHNOLOGIST I |
| 4895N | 1 | MEDICAL TECHNOLOGIST I |
| 4896A | 1 | MEDICAL TECHNOLOGIST II |
| 4896N | 2 | MEDICAL TECHNOLOGIST II |
| 4899A | 1 | MEDICAL TECHNOLOGIST, DATA SYSTEMS |
| 4899N | 1 | MEDICAL TECHNOLOGIST, DATA SYSTEMS |
| 4907A | 1 | MEDICAL TECHNOLOGY ASST ADMV SUPVR |
| 4907N | 1 | MEDICAL TECHNOLOGY ASST ADMV SUPVR |
| 9420 | 5 | MEMBER, LA CO PUBLIC HEALTH COMM* |
| 9493 | 3 | MBR, SOLID WASTE FACIL HRG BOARD |
| 4931A | 1 | MILK TECHNICIAN |
| 5286A | 14 | NURSE MANAGER |
| 5286N | 6 | NURSE MANAGER |

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| 5121F | 4 | NURSE PRACTITIONER |
| 5121N | 4 | NURSE PRACTITIONER |
| 5351A | 3 | NURSING CARE SPECIALIST I |
| 5288A | 4 | NURSING DIRECTOR, EDUCATION |
| 4809A | 4 | NUTRITION PROGRAM COORD, PH PROG |
| 4803A | 4 | NUTRITIONIST II |
| 4803N | 6 | NUTRITIONIST II |
| 9192A | 4 | PATIENT RESOURCES WORKER |
| 9192N | 9 | PATIENT RESOURCES WORKER |
| 5512A | 2 | PHARMACIST |
| 5501A | 2 | PHARMACY HELPER |
| 5528N | 4 | PHARMACY SERVICES CHIEF I |
| 5504A | 2 | PHARMACY TECHNICIAN |
| 4977A | 1 | PHLEBOTOMY TECHNICIAN I |
| 4977N | 3 | PHLEBOTOMY TECHNICIAN I |
| 5475A | 6 | PHYSICIAN, MD |
| 5411M | 4 | PHYSICIAN, POST GRADUATE (3RD YEAR) |
| 5477A | 46 | PHYSICIAN SPECIALIST, MD |
| 5477F | 4 | PHYSICIAN SPECIALIST, MD |
| 5477N | 11 | PHYSICIAN SPECIALIST, MD |
| 2344A | 4 | PROCUREMENT ASSISTANT I |
| 2346N | 4 | PROCUREMENT ASSISTANT II |

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|-------|----|-------------------------------------|
| 0977N | 4 | PROGRAM MANAGER I |
| 0978A | 2 | PROGRAM MANAGER II |
| 0978N | 3 | PROGRAM MANAGER II |
| 5237A | 2 | PROGRAM SPECIALIST,PUB HLTH NURSING |
| 5237N | 11 | PROGRAM SPECIALIST,PUB HLTH NURSING |
| 2520A | 4 | PROGRAMMER ANALYST I |
| 2521A | 2 | PROGRAMMER ANALYST II |
| 4604A | 4 | PROGRAMS ADMINISTRATOR,HEALTH SERVS |
| 9122N | 2 | PROJECT DIRECTOR I |
| 5648A | 3 | PUBLIC HEALTH INVESTIGATION MANAGER |
| 5645A | 58 | PUBLIC HEALTH INVESTIGATOR |
| 5645F | 4 | PUBLIC HEALTH INVESTIGATOR |
| 5645N | 4 | PUBLIC HEALTH INVESTIGATOR |
| 5644M | 4 | PUBLIC HEALTH INVESTIGATOR TRAINEE |
| 5006A | 4 | PUBLIC HEALTH LABORATORIES DIRECTOR |
| 4999A | 41 | PUBLIC HEALTH MICROBIOLOGIST I |
| 4999N | 4 | PUBLIC HEALTH MICROBIOLOGIST I |
| 5000A | 13 | PUBLIC HEALTH MICROBIOLOGIST II |
| 5000N | 6 | PUBLIC HEALTH MICROBIOLOGIST II |
| 4998M | 2 | PUBLIC HLTH MICROBIOLOGIST TRAINEE |
| 5001A | 9 | PUBLIC HEALTH MICROBIOLOGY SUPVR I |
| 5001N | 2 | PUBLIC HEALTH MICROBIOLOGY SUPVR I |

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| 5004A | 2 | PUBLIC HEALTH MICROBIOLOGY SUPVR II |
| 5230A | 248 | PUBLIC HEALTH NURSE |
| 5230F | 4 | PUBLIC HEALTH NURSE |
| 5230N | 63 | PUBLIC HEALTH NURSE |
| 5236A | 26 | PUBLIC HEALTH NURSING SUPERVISOR |
| 5236N | 3 | PUBLIC HEALTH NURSING SUPERVISOR |
| 4272A | 38 | PUBLIC HEALTH REGISTRAR |
| 4598N | 4 | PUBLIC INFORMATION ASSISTANT |
| 4600N | 4 | PUBLIC INFORMATION OFFICER I |
| 5772A | 4 | RADIATION PROTECTION SPECIALIST |
| 5772N | 5 | RADIATION PROTECTION SPECIALIST |
| 5798A | 12 | RADIOLOGIC TECHNOLOGIST |
| 8971N | 8 | RESEARCH ANALYST I,BEHAVIOR SCI |
| 8972A | 5 | RESEARCH ANALYST II,BEHAVIOR SCI |
| 8972N | 25 | RESEARCH ANALYST II,BEHAVIOR SCI |
| 8973A | 40 | RESEARCH ANALYST III,BEHAVIOR SCI |
| 8973N | 20 | RESEARCH ANALYST III,BEHAVIOR SCI |
| 2095A | 12 | SECRETARY II |
| 2095N | 3 | SECRETARY II |
| 2096A | 26 | SECRETARY III |
| 2096N | 4 | SECRETARY III |
| 2097A | 7 | SECRETARY IV |

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|-------|----|------------------------------------|
| 2007N | 2 | SECRETARY IV |
| 2156A | 4 | SECRETARY, HEALTH SERVICES COMM |
| 4440A | 2 | SENIOR CLERK |
| 9049N | 2 | SENIOR CLINICAL SOCIAL WORKER |
| 8104A | 5 | SENIOR COMMUNITY WORKER I |
| 8104N | 12 | SENIOR COMMUNITY WORKER I |
| 4766A | 4 | SENIOR DENTIST |
| 1843A | 4 | SENIOR DEPARTMENTAL PERSONNEL ASST |
| 1843N | 4 | SENIOR DEPARTMENTAL PERSONNEL ASST |
| 4515A | 4 | SENIOR DISASTER SERVICES ANALYST |
| 4850A | 2 | SENIOR HEALTH EDUCATOR |
| 4850N | 9 | SENIOR HEALTH EDUCATOR |
| 4301N | 4 | SENIOR INDUSTRIAL HYGIENE CHEMIST |
| 1402A | 2 | SENIOR MEDICAL RECORD TECHNICIAN |
| 2183A | 2 | SENIOR MEDICAL STENOGRAPHER |
| 5478A | 2 | SENIOR PHYSICIAN, MD |
| 5478N | 4 | SENIOR PHYSICIAN, MD |
| 2525A | 2 | SENIOR PROGRAMMER ANALYST |
| 4274A | 4 | SENIOR PUBLIC HEALTH REGISTRAR |
| 5774N | 6 | SENIOR RADIATION PROTECTION SPEC |
| 2401A | 3 | SENIOR SECRETARY II |
| 2401N | 2 | SENIOR SECRETARY II |

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| 2102A | 3 | SENIOR SECRETARY III |
| 2102N | 2 | SENIOR SECRETARY III |
| 2103A | 3 | SENIOR SECRETARY IV |
| 2103N | 4 | SENIOR SECRETARY IV |
| 4594A | 7 | SENIOR STAFF ANALYST, HEALTH |
| 4594N | 3 | SENIOR STAFF ANALYST, HEALTH |
| 2585A | 2 | SENIOR SYSTEMS AID |
| 2216A | 36 | SENIOR TYPIST-CLERK |
| 2216N | 76 | SENIOR TYPIST-CLERK |
| 5732A | 3 | SENIOR VETERINARIAN |
| 4593A | 9 | STAFF ANALYST, HEALTH |
| 4593N | 14 | STAFF ANALYST, HEALTH |
| 0907A | 2 | STAFF ASSISTANT I |
| 0907N | 7 | STAFF ASSISTANT I |
| 0913A | 16 | STAFF ASSISTANT II |
| 0913N | 10 | STAFF ASSISTANT II |
| 9144N | 3 | STAFF DEVELOPMENT SPECIALIST, HS |
| 1749N | 1 | STATISTICAL ANALYST, HEALTH SERVICES |
| 2170A | 4 | STENOGRAPHER |
| 8243F | 58 | STUDENT PROFESSIONAL WORKER |
| 8242F | 14 | STUDENT WORKER |
| 0897A | 4 | SUPVG ADMINISTRATIVE ASSISTANT II |

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|-------|----|---|
| 0897N | 2 | SUPVG ADMINISTRATIVE ASSISTANT II |
| 0898A | 4 | SUPVG ADMINISTRATIVE ASSISTANT III |
| 5329A | 2 | SUPERVISING CLINIC NURSE I |
| 2660A | 4 | SUPERVISING DATA CONTROL CLERK II |
| 9194N | 4 | SUPVG PATIENT FIN SERVICE WORKER I |
| 5646A | 12 | SUPVG PUBLIC HEALTH INVESTIGATOR |
| 5646N | 4 | SUPVG PUBLIC HEALTH INVESTIGATOR |
| 5804A | 4 | SUPVG RADIOLOGIC TECHNOLOGIST I |
| 2219A | 2 | SUPERVISING TYPIST CLERK |
| 2219N | 2 | SUPERVISING TYPIST CLERK |
| 2584A | 4 | SYSTEMS AID |
| 4948N | 4 | TOXICOLOGY TECHNICIAN |
| 5728A | 7 | VETERINARIAN |
| 5728N | 4 | VETERINARIAN |
| 7142N | 4 | VIDEO PRODUCTION SPECIALIST |
| 2331N | 4 | WAREHOUSE WORKER I |
| 2329A | 4 | WAREHOUSE WORKER AID |

SECTION 9. Section 6.78.070 (Department of Health Services – San Fernando Valley cluster) is hereby amended to delete the following classes and number of ordinance positions:

| ITEM NO. | NO. OF ORDINANCE POSITIONS | TITLE |
|----------|----------------------------|---|
| 0656A | 4 | ACCOUNTING OFFICER-I |
| 8054A | 4 | ASST REHABILITATION CENTER MANAGER |
| 6617A | 2 | BLDG & EQUIPMENT MAINT SUPVR,AVRG |
| 6611A | 2 | BLDG & EQUIPMENT MAINT WORKER,AVRG |
| 6679A | 4 | BUILDING CRAFTS SUPERINTENDENT-I |
| 8058A | 4 | CHIEF,REHABILITATION CENTER |
| 6396A | 6 | COOK |
| 6774A | 4 | CUSTODIAN |
| 6402A | 2 | HEAD COOK |
| 0343A | 4 | INSTITUTIONAL GARDENING MANAGER |
| 6796A | 4 | INSTITUTIONAL SERVICES SUPERVISOR |
| 9328F | 56 | PATIENT HELPER,NC* |
| 8055A | 2 | REHABILITATION CENTER MANAGER |
| 8592A | 2 | REHABILITATION COUNSELOR-I |
| 8593A | 8 | REHABILITATION COUNSELOR-II |
| 6612A | 2 | SR BLDG & EQUIPMENT MAINT WKR,AVRG |
| 6399A | 2 | SENIOR COOK |

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| 5884A | 11 | SUBSTANCE ABUSE COUNSELOR |
| 5883A | 10 | SUBSTANCE ABUSE COUNSELOR AID |

SECTION 10. Section 6.78.070 (Department of Health Services – San Fernando Valley cluster) is hereby amended to change the number of ordinance positions for the following classes:

| ITEM NO. | | NO. OF ORDINANCE POSITIONS | TITLE |
|----------|----------------|----------------------------|------------------------------------|
| 0578A | 13 | 12 | ACCOUNT CLERK II |
| 0642A | 2 | 1 | ACCOUNTING TECHNICIAN I |
| 1136A | 15 | 14 | CLERK |
| 5064A | 13 | 8 | CLINIC DRIVER |
| 5090A | 62 | 61 | CLINIC LICENSED VOCATIONAL NURSE I |
| 5328A | 69 | 66 | CLINIC NURSE II |
| 8697A | 2 | 1 | CLINICAL PSYCHOLOGIST II |
| 2214A | 311 | 303 | INTERMEDIATE TYPIST-CLERK |
| 6049A | 3 | 1 | MEDIUM TRUCK DRIVER |
| 9193A | 67 | 65 | PATIENT FINANCIAL SERVS WORKER |
| 9192A | 196 | 190 | PATIENT RESOURCES WORKER |
| 2343A | 6 | 5 | PROCUREMENT AID |
| 9035A | 6 | 3 | PSYCHIATRIC SOCIAL WORKER II |
| 5871A | 4 | 2 | RECREATION THERAPIST I |

| | | | |
|-------|----------------|-----|---------------------------------|
| 5872A | 5 | 3 | RECREATION THERAPIST II |
| 5869A | 3 | 2 | RECREATION THERAPY AIDE |
| 5870A | 3 | 2 | RECREATION THERAPY ASSISTANT |
| 5826A | 2 | 1 | REHABILITATION THERAPY CHIEF |
| 2095A | 4 | 2 | SECRETARY II |
| 2102A | 6 | 5 | SENIOR SECRETARY III |
| 2216A | 39 | 36 | SENIOR TYPIST-CLERK |
| 8243F | 7 | 5 | STUDENT PROFESSIONAL WORKER |
| 9038A | 2 | 1 | SUPVG PSYCHIATRIC SOCIAL WORKER |
| 2219A | 20 | 19 | SUPERVISING TYPIST-CLERK |
| 9535 | 495 | 175 | VOLUNTEER WORKER,W/O COMP |

SECTION 11. Pursuant to Government Code Section 25123(f), Section 1 shall take effect immediately upon final passage. All other sections shall take effect 30 days after final passage.

*The Executive Office/Clerk of the Board of Supervisors shall insert the effective date for the salary or salary schedule and level in the space provided for the classifications added to Section 6.28.050 of the County Code.

[PUBLICHEALTHLTCC-VHDHR]

ANALYSIS

This ordinance amends Title 2 - Administration, Title 8 - Consumer Protection and Business Regulations, Title 10 - Animals, Title 11 - Health and Safety, Title 12 - Environmental Protection, and Title 20 - Utilities of the Los Angeles County Code, by:

- amending Chapter 2.76 to separate the public health and health officer functions from the Department of Health Services;
- adding Chapter 2.77 to create the Department of Public Health and the office of the Director of Public Health; and,
- making technical amendments to Titles 8, 11, 12, and 20 that result from the separation of the public health and health officer functions from the Department of Health Services.

RAYMOND G. FORTNER
County Counsel

By 
SHARON A. REICHMAN
Principal Deputy County Counsel

SAR: sar

Requested 11/03/05
Revised 11/21/05

ORDINANCE NO. _____

An ordinance amending Title 2 - Administration, Title 8 - Consumer Protection and Business Regulations, Title 10 - Animals, Title 11 - Health and Safety, Title 12 - Environmental Protection, and Title 20 - Utilities of the Los Angeles County Code, to create the Department of Public Health and the Office of the Director of Public Health.

The Board of Supervisors of the County of Los Angeles ordains as follows:

SECTION 1. Section 2.76.020 is hereby amended to read as follows:

2.76.020 References to superseded offices.

All references now or hereafter made by the Charter of this county, any statute, regulation, seal or document of any kind, or any ordinance of this county except this chapter to "county health officer," "director of hospitals," or "county veterinarian" shall be deemed to refer to the director of health services.

SECTION 2. Section 2.76.040 is hereby amended to read as follows:

2.76.040 Director -- Duties generally.

The director of health services shall perform the following duties:

- A. ~~All~~ duties delegated to him now or hereafter by Ordinance 4099 or any other ordinance of this county;
- B. ~~All duties now or hereafter delegated to the county health officer by any state statute or regulation;~~
- C. ~~All duties to administer the county's alcohol program and to appoint a full-time alcohol program administrator;~~
- D. ~~All duties now or hereafter delegated to the county veterinarian by Ordinance 4099 or any other ordinance of the county or any state statute or regulation.~~

SECTION 3. Section 2.76.090 is hereby deleted in its entirety.

~~2.76.090 Enforcement and arrest authority.~~

~~The director and every officer and employee of the department who has the duty to enforce a statute or ordinance relating to public health, may arrest persons for violations of such statute or ordinances as provided in Section 836.5 of the Penal Code.~~

SECTION 4. Section 2.76.110 is hereby deleted in its entirety.

~~2.76.110 Hospital inspection.~~

~~Pursuant to Section 1273 of the Health and Safety Code, the board elects to have the department of health services perform health inspection and enforcement functions in this county during the fiscal year commencing July 1, 1974. The director shall perform all duties required of him by said Section 1273.~~

SECTION 5. Section 2.76.340 is hereby deleted in its entirety.

~~2.76.340 Premarital rubella and syphilis tests -- Costs charged.~~

~~A. The department may perform premarital rubella antibody tests and issue to the female applicant a certificate in the form required by Article 3, Part 5, Division 4 of the Civil Code for the issuance of a marriage license. The director, or his designees, shall collect the sum of \$7.75 for each test performed to reimburse the county for the reasonable cost thereof.~~

~~B. The department may perform premarital tests for syphilis and issue to the applicant a certificate in the form required by Article 3, Part 5, Division 4 of the Civil Code for the issuance of a marriage license. The director, or his designees, shall collect the sum of \$2.40 for each test performed to reimburse the county for the reasonable cost thereof.~~

SECTION 6. Section 2.76.360 is hereby deleted in its entirety.

~~2.76.360 Crippled children's services -- Designated -- Administrative office responsibilities.~~

~~A. The department is responsible for rendering of services to physically defective or handicapped persons under the age of 21 years. Services may include: expert diagnosis,~~

~~medical treatment, surgical treatment, hospital care, physiotherapy, occupational therapy, special treatment, materials, appliances and other upkeep maintenance, care, and transportation, maintenance or care incidental to any other form of service. The director shall establish a central administrative and registry office for coordination and control of services provided by the county of Los Angeles for physically handicapped children. The central administrative office will make use of existing diagnostic clinics and case-finding programs conducted by the county of Los Angeles, cities within the county, and other authorized agencies.~~

~~B. To seek out physically handicapped children, the director may delegate authority for the arrangement of local surveys and the establishment of public diagnostic clinics or conferences for such children. The program may include, but shall not duplicate, the services rendered or offered by the county of Los Angeles, cities within the county, and other authorized agencies.~~

SECTION 7. Section 2.76.370 is hereby deleted in its entirety.

~~2.76.370 Crippled children's services -- Determination of eligibility for care.~~

~~A. The information secured through surveys, public diagnostic clinics, conferences, case-finding programs and authorized agencies will be used to determine eligibility for care.~~

~~Services can be rendered when it appears that:~~

~~1. The person is a physically defective or handicapped person under the age of 21 years;~~

~~2. There is a reasonable certainty that the person will benefit from the services;~~

~~3. The person is a county resident;~~

~~4. Parents or guardian have consented in writing to the services;~~

~~5. Guardian has court authorization to enter the agreement;~~

~~6. Parents or guardian are wholly or partially unable to secure necessary services.~~

~~B. If the department determines there is financial ability to pay part or all of the cost of care, the parent or guardian shall enter into a written agreement to pay such amount or amounts.~~

SECTION 8. Section 2.76.520 is hereby deleted in its entirety.

~~2.76.520 Expenses of certain special health officers.~~

~~Those persons holding the position of special health officer, without compensation, and who are designated by the director, shall be paid either the minimum or the sums per mile for each and every mile traveled on public business in a privately owned vehicle in the manner provided for in Chapter 5.40 of this code.~~

SECTION 9. Section 2.76.550 is deleted in its entirety.

~~2.76.550 School district physical inspectors -- Employees authorized when.~~

~~Employees of the department of health services, under the direction of the director, and when requested by the governing body of any school district or group of school districts, may perform the duties of physical inspectors or nurses.~~

SECTION 10. Section 2.76.560 is hereby deleted in its entirety.

~~2.76.560 School district physical inspectors -- Private medical practice restrictions.~~

~~A. Such employees engaged by any school district in the work of health supervision under Sections 11701, 11702, 11751, 11752, 11753, 11821 to 11827 inclusive, 11870 to 11874 inclusive, 13293, 13294 and 13296 of the Education Code of the state of California, and performing certain functions of the department of health services, shall not engage in any private medical practice and shall not recommend any particular doctor to any person.~~

~~B. This section shall not apply to advice concerning free clinics or other treatment provided for the proper care of the indigent sick or dependent poor.~~

SECTION 11. Section 2.76.570 is hereby deleted in its entirety.

~~2.76.570 School buildings -- Report of unsanitary conditions.~~

~~Prompt report shall be rendered to the director of health services and school trustees of each district regarding the conditions of sanitation, heating, lighting, and ventilation of the~~

~~school buildings or unsanitary conditions of the premises.~~

SECTION 12. Section 2.76.580 is hereby deleted in its entirety.

~~2.76.580 Lectures on hygiene and sanitation — Restrictions.~~

~~In organization of special lectures on hygiene and sanitation, an effort should be made to avoid unnecessary description relative to the pathology of disease. All children whose parents have filed statements in writing as being opposed to health supervision under Section 11822 of the Education Code of the state of California shall be excused from attendance upon special lectures, talks or advice on hygiene.~~

SECTION 13. Section 2.77.010 is hereby added to read as follows:

2.77.010 Creation of office and department.

The office of Director of the Department of Public Health is hereby created. The Director shall be the department head of the Department of Public Health, which department is hereby created. The Director shall be appointed by and serve under the direction of the Board of Supervisors.

SECTION 14. Section 2.77.020 is hereby added to read as follows:

2.77.020 County Health Officer Function.

All references now or hereafter made by the Charter of this county to any statute, regulation, seal or document of any kind, or ordinance of this county to "county health officer" or "health officer" shall be deemed to refer to the director of public health.

SECTION 15. Section 2.77.030 is hereby added to read as follows:

2.77.030 Definitions.

As used in this chapter:

- A. "Department" means the department of public health.
- B. "Director" means the director of public health.

SECTION 16. Section 2.77.040 is hereby added to read as follows:

2.77.040 Coordination with Department of Health Services--Inpatient Medical Care.

In the event that any patient in need of or receiving public health services requires inpatient medical care, such care shall continue to be provided by the Department of Health Services as provided by agreement between the Department of Public Health and the Department of Health Services.

SECTION 17. Section 2.77.050 is hereby added to read as follows:

2.77.050 Director -- Duties Generally.

The director of public health, either directly or through a duly authorized representative, shall perform the following duties:

A. All duties delegated to him now or hereafter by this or any other ordinance of this county;

B. All duties now or hereafter delegated to the county health officer by any state or federal statute or regulation;

C. All duties to administer the county's alcohol program and to appoint a full-time alcohol program administrator;

D. All duties now or hereafter delegated to the county veterinarian by Ordinance 4099 or any other ordinance of the county or any state statute or regulation.

Nothing in this provision shall be construed as vesting in the director any power or duty assigned by Charter, law or ordinance to any other county officer, commission or department or as authorizing the director to engage in any activity or to provide any service or activity provided by any other county officer or department. The director shall coordinate his activities with those of related county officers and departments to achieve maximum effectiveness and service to the public.

SECTION 18. Section 2.77.060 is hereby added to read as follows:

2.77.060 Director -- Accounts to be kept.

The director shall keep or cause to be kept books of accounts for all records and disbursements in the department.

SECTION 19. Section 2.77.070 is hereby added to read as follows:

2.77.070 Enforcement and arrest authority.

The director and every officer and employee of the department who has the duty to enforce a statute or ordinance relating to public health may arrest persons for violations of such statutes or ordinances as provided in Section 836.5 of the Penal Code.

SECTION 20. Section 2.77.080 is hereby added to read as follows:

2.77.080 Hospital Inspection.

Pursuant to Section 1273 of the Health and Safety Code, the board elects to have the department of public health perform health inspection and enforcement functions in this county. The director shall perform all duties required of him by said Section 1273.

SECTION 21. Section 2.77.090 is hereby added to read as follows:

2.77.090 County public health facilities -- Case histories required when.

There shall be maintained in the department a full history, as required by statute or regulation, of persons treated at any of its facilities, such history to be kept confidential and for the use only of the authorized officers and employees of the department and others as authorized by law.

SECTION 22. Section 2.77.100 is hereby added to read as follows:

2.77.100 County public health facilities -- Alcoholic beverage restrictions.

A person, whether as a patient, employee, visitor or otherwise, shall not enter or be in any facility maintained by the department if transporting or having in his possession any

alcoholic beverage, unless he received permission to transport or have the same in his possession from the person in charge thereof.

SECTION 23. Section 2.77.120 is hereby added to read as follows:

2.77.120 California Children's Services -- Designated -- Administrative office responsibilities.

A. The department is responsible for rendering of services to physically disabled persons under the age of 21 years. Services may include: expert diagnosis, medical treatment, physiotherapy, occupational therapy, special treatment, materials, appliances and other upkeep maintenance, care, and transportation, maintenance or care incidental to any other form of service. The director shall establish a central administrative and registry office for coordination and control of services provided by the county of Los Angeles for physically disabled children. The central administrative office will make use of existing diagnostic clinics and case-finding programs conducted by the county of Los Angeles, cities within the county, and other authorized agencies.

B. To seek out physically disabled children, the director may delegate authority for the arrangement of local surveys and the establishment of public diagnostic clinics or conferences for such children. The program may include, but shall not duplicate, the services rendered or offered by the county of Los Angeles, cities within the county, and other authorized agencies.

SECTION 24. Section 2.77.130 is hereby added to read as follows:

2.77.130 California Children's Services -- Determination of Eligibility for Care.

A. The information secured through surveys, public diagnostic clinics, conferences, case-finding programs and authorized agencies will be used to determine eligibility for care.

Services can be rendered when it appears that:

1. The person is a physically disabled person under the age of 21 years;
2. There is a reasonable certainty that the person will benefit from the services;
3. The person is a county resident;
4. Parents or guardian have consented in writing to the services;

5. Guardian has court authorization to enter the agreement;

6. Parents or guardian are wholly or partially unable to secure necessary services.

B. If the department determines there is financial ability to pay part or all of the cost of care, the parent or guardian shall enter into a written agreement to pay such amount or amounts.

SECTION 25. Section 2.77.140 is hereby added to read as follows:

2.77.140 Expenses of certain special health officers.

Those persons holding the position of special health officer, without compensation, and who are designated by the director, shall be paid either the minimum or the sums per mile for each and every mile traveled on public business in a privately owned vehicle in the manner provided for in Chapter 5.40 of this code.

SECTION 26. Section 2.77.150 is hereby added to read as follows:

2.77.150 School district physical inspectors -- Employees authorized when.

Employees of the department of public health, under the direction of the director, and when requested by the governing body of any school district or group of school districts, may perform the duties of physical inspectors, health supervisors, including physicians and dentists, or nurses.

SECTION 27. Section 2.77.160 is hereby added to read as follows:

2.77.160 School district health supervisors -- Private medical practice restrictions.

A. Such employees engaged by any school district in the work of health supervision under Sections 49400, 49402, 49403, 49420, 49422, 49450 to 49457 inclusive, 44871, 44873 and 44875 of the Education Code of the state of California, and performing certain functions of the department of public health, shall not engage in any private medical practice and shall not recommend any particular doctor to any person.

B. This section shall not apply to advice concerning free clinics or other treatment provided for the proper care of the indigent sick or dependent poor.

SECTION 28. Section 2.77.170 is hereby added to read as follows:

2.77.170 School buildings -- Report of unsanitary conditions.

Prompt report shall be rendered to the director of public health and school trustees of each district regarding the conditions of sanitation, heating, lighting, and ventilation of the school buildings or unsanitary conditions of the premises.

SECTION 29. Section 2.77.180 is hereby added to read as follows:

2.77.180 Lectures on hygiene and sanitation -- Restrictions.

In organization of special lectures on hygiene and sanitation, an effort should be made to avoid unnecessary description relative to the pathology of disease. All children whose parents have filed statements in writing as being opposed to health supervision under Section 49451 of the Education Code of the state of California shall be excused from attendance upon special lectures, talks or advice on hygiene.

SECTION 30. Section 2.77.190 is hereby added to read as follows:

2.77.190 Risk management protocol -- Quality improvement program.

A. Purpose. The purpose of this section is to improve the delivery of public health services and reduce risks of county liability by assuring the continued maintenance of appropriate risk management and quality assurance protocols established by the department of public health relating to incidents of potential liability, claims, and lawsuits arising out of the provision of public health services.

B. Quality Improvement Program. The department of public health, either directly or through agreement with the Department of Health Services, shall develop and maintain a quality improvement program that includes reporting, investigating, and initiating corrective action related to incidents involving potential liability, claims, and lawsuits as they arise out of the provision of public health services. Under the quality improvement program, risk management personnel shall be responsible for taking the necessary actions to ensure prompt reporting, complete investigation, and timely implementation of corrective action regarding these events.

C. Policy. It shall be the policy of the county of Los Angeles for the department of public health to:

1. Maintain a quality improvement program that continues to include the prompt reporting and investigation of incidents of potential liability, claims, and lawsuits arising out of the provision of public health services, along with recommending and ensuring the timely implementation of corrective action;
2. Create and maintain a risk management reporting form and procedure for the reporting of events involving quality, risk, safety, or personnel issues;
3. Assign risk management personnel to receive and review risk management reporting forms, review claims or lawsuits, and perform and direct appropriate responses;
4. Review and analyze, with attention to quality, risk, safety, and personnel issues, all risk management investigations, applicable third party administrator's investigations, and database information for the purpose of recommending and ensuring timely implementation of corrective action to prevent the reoccurrence of the same or similar type of event involving risk of county liability;
5. Either directly or through agreement with the Department of Health Services, maintain an inspection and audit division that independently verifies the implementation of corrective action;
6. Prepare a corrective action report to accompany any recommended settlement of a claim or lawsuit presented to the board of supervisors for approval where the department participates in the settlement;
7. Include in any contract with a third party administrator regarding claim and litigation management services language requiring the performance of an early investigation and report of incidents, claims, or lawsuits, and the development and maintenance of a database for tracking all reported incidents, claims, and lawsuits.

D. Implementation and Administration. The director, with the consultation and advice of the chief administrative officer and county counsel, shall prepare and issue appropriate instructions, guidelines, forms, protocols, and other documents necessary to carry out the purposes and requirements of this section with regard to the quality improvement program,

and shall administer and enforce such program. The director shall include appropriate provisions to maintain confidentiality and applicable privileges relating to any information or documents which may be permitted or required by law. Copies of such instructions, guidelines, forms, protocols, and other documents, and any amendments thereto, shall be provided to all staff involved in the delivery of public health.

SECTION 31. Section 8.04.100 is hereby amended to read as follows:

8.04.100 County health officer.

"County health officer" means the ~~health officer~~ director of the department of public health of the county of Los Angeles, or his duly authorized representative.

SECTION 32. Section 8.04.240 is hereby amended to read as follows:

8.04.240 Health officer.

"Health officer" means the ~~health officer~~ director of the department of public health of the county of Los Angeles, or his duly authorized representative.

SECTION 33. Section 8.04.337 is hereby amended to read as follows:

8.04.337 Notice of closure.

"Notice of closure" means a public notice that may be posted by the county health officer at a food establishment upon suspension or revocation of the establishment's public health permit and that results in the immediate closure of the establishment and the discontinuance of all operations of the food establishment, by order of the ~~public~~ county health officer, because of violations of applicable federal, state and local statutes, orders, ordinances, quarantines, rules, regulations, or directives relating to the public health.

SECTION 34. Section 8.52.020 (J) is hereby amended to read as follows:

8.52.020 Definitions.

. . . J. "Rehabilitation work" means any rehabilitation or repair work done on or in a rental unit, or common areas of the housing complex containing the rental unit, and which work was

done in order to comply with an order issued by the county engineer, the county public health department, or the county fire department, to repair damages resulting from fire, earthquake or other natural disaster. . . .

SECTION 35. Section 8.200APX.001, Part 2, Sections I and II(3), are hereby amended to read as follows:

8.200APX.001 Appendix A. Rent Stabilization Regulations

I. Definition.

Rehabilitation or repair work done on or in a rental unit or common areas of the housing complex containing the rental unit and which work was done in order to comply with an order issued by the County Engineer, the Public Health or the Fire Departments, or to repair damage resulting from fire, earthquake, or other natural disaster.

II. Eligibility requirements. . . .

. . . 3. Any work performed, not mandated by the order of the County Engineer, the County Public Health Department, or the County Fire Department, or not connected with the repair of damage resulting from fire, earthquake, or other natural disaster, is ineligible under this category although it might be eligible under Capital Improvement Rent Increases. See the Capital Improvement Guidelines for further information. . . .

SECTION 36. Section 10.12.080 is hereby amended to read as follows:

10.12.080 Animals held for observation for department of public health ~~services~~.

The director shall pick up or accept and care for any animal to be held for observation by the director of public health ~~services~~.

SECTION 37. Section 10.36.210, subparagraph A(4), is hereby amended to read as follows:

10.36.210 Dogs -- Release conditions.

4. ~~The director of health services~~ A department veterinarian has so vaccinated such dog within the times specified in subsection A of this section.

SECTION 38. Section 10.36.270 is hereby amended to read as follows:

10.36.270 Examination for rabies authorized when.

If the director suspects that any animal impounded has rabies, he shall hold such animal for inspection by, and shall notify, the director of public health ~~services~~. The director of public health ~~services~~ shall examine such animal, and if he believes such animal should be held for further observation, he shall so inform the director, who shall hold such animal as directed.

SECTION 39. Section 10.36.280 is hereby amended to read as follows:

10.36.280 Release when no rabies found.

If the director of public health ~~services~~ finds that such animal examined under Section 10.36.270 does not have rabies, the director shall release it or dispose of it as provided in this Division 1.

SECTION 40. Section 10.36.290 is hereby amended to read as follows:

10.36.290 Confinement when rabies found.

If the director of public health ~~services~~ finds that such animal examined under Section 10.36.270 is afflicted with rabies, the director shall confine it as directed by the director of public health ~~services~~.

SECTION 41. Section 10.48.040(A) is hereby amended to read as follows:

10.48.040 Director of public health ~~services~~ -- Powers and duties generally.

A. It shall be the duty of the director of public health ~~services~~, acting in cooperation with the Chief of the Division of Animal Industry, California Department of Agriculture, to enforce all laws of the state of California and all orders and ordinances of the board of supervisors of the county of Los Angeles pertaining to the health and sanitary surroundings of the animals in said county, and for that purpose he is empowered and authorized by and with the approval of the board of supervisors to establish, maintain and enforce such quarantine, sanitary, testing and immunizing measures or to promulgate such rules and regulations as he may deem proper

and necessary. . . .

SECTION 42. Section 10.48.050 is hereby amended to read as follows:

10.48.050 Powers of deputies.

Whenever by the provisions of this Division 2 a power is granted to the director of public health services, or a duty imposed upon the director of public health services, the power may be exercised or the duty performed by a deputy of the director of public health services or by a person authorized pursuant to law by the director of public health services, unless it is expressly otherwise provided.

SECTION 43. Section 10.52.010 is hereby amended to read as follows:

10.52.010 Stockyards or packing houses -- Removing animals without permit prohibited when.

It shall be unlawful for any person to remove or to allow to be removed, except for immediate slaughter, any animals from any stockyard owned, controlled or operated by or in connection with or incidental to the operation of any slaughterhouse or packinghouse, except on permits issued by the director of public health services.

SECTION 44. Section 10.52.020 is hereby amended to read as follows:

10.52.020 Stockyards or corrals -- Removing animals without permit prohibited when.

It shall be unlawful for any person to remove or allow to be removed any animals from any stockyard, corral or premises maintained for the feeding or conditioning of animals, for any purpose other than immediate slaughter, without having secured a permit from the director of public health services.

SECTION 45. Section 10.52.030 is hereby amended to read as follows:

10.52.030 Permit to remove animals from stockyards -- Conditions.

The director of public health services shall issue permits for the removal of animals from

stockyards upon finding, by inspection, that such animals are free from any infectious disease. Findings as to the presence or absence of such infectious disease shall be final; provided, however, that such permit may be granted conditional on such treatment, immunizing, dipping or other curative or preventative measures as may be necessary for the public welfare.

SECTION 46. Section 10.52.040 is hereby amended to read as follows:

10.52.040 Hog ranch regulations -- Feeding garbage to animals.

The director of public health ~~services~~ shall, from time to time, by and with the approval of the board of supervisors, promulgate rules and regulations to control the feeding of garbage to animals and the location, construction and maintenance in a sanitary manner of hog ranches.

SECTION 47. Section 10.56.010 is hereby amended to read as follows:

10.56.010 Importing or transporting diseased animals unlawful -- Exceptions.

It is unlawful for any person to bring into or receive in, or to transport from place to place within, the county of Los Angeles, except for the purpose of immediate slaughter, any animals affected with any contagious, infectious, or communicable disease, without a permit from the director of public health ~~services~~, except such diseased animals as are specifically permitted to enter the state of California and the county of Los Angeles under federal or California State regulations, and only under the conditions and for the purpose prescribed in the federal and state regulations governing movement of animals.

SECTION 48. Section 10.56.020 is hereby amended to read as follows:

10.56.020 Importation permit -- Required when -- Stockyard and animal-care standards.

A. It is unlawful for any person to bring into or receive in the county of Los Angeles any cattle, sheep, swine, horses or goats, for any purpose other than immediate slaughter, without a permit from the director of public health ~~services~~; provided, however, that when such cattle, sheep, swine, horses or goats, other than cattle imported for dairy or breeding purposes, are unloaded from a vehicle into public stockyards where federal, state or county inspection is

maintained for the inspection of animals for infectious diseases, such permit shall not be required until they are to be removed from such stockyards.

B. Such stockyards shall be approved by the director of public health ~~services~~ and shall be so constructed as to permit humane handling, proper control without inhumane crowding or delay, and thorough inspection, including provisions for restraining individual animals. They shall be so constructed with regard to height and strength of fences and gates as to prevent the escape of animals. They shall permit animals to be fed, rested and watered with sufficient potable water. Proper drainage, and facilities for disinfection (when required by the director of public health ~~services~~), and provisions for the removal of accumulations of manure and the prevention of the formation of mud and wallow, shall be supplied. Such approval may be withdrawn in the event such stockyards at any time fail to comply with the requirements of this section.

SECTION 49. Section 10.56.040 is hereby amended to read as follows:

10.56.040 Dairy and breeding cattle -- Identification and report requirements.

Immediately upon arrival of dairy or breeding cattle into the county of Los Angeles, the fact of such arrival shall be reported to the director of public health ~~services~~. The director of public health ~~services~~ shall mark the cattle for identification with tags or otherwise, and make a record showing the date of arrival, description of the cattle, the name of the owner and of the person in charge of the cattle, and the place in which they are to be kept. No person shall remove or tamper with any identification mark placed on an animal by the director of public health ~~services~~ for the purpose of identification.

SECTION 50. Section 10.56.050 is hereby amended to read as follows:

10.56.050 Dairy and breeding cattle -- Holding period required -- Exception.

No person shall sell or move any dairy or breeding cattle from place to place within a period of 120 days from the date of their arrival, unless such cattle have been released by the director of public health ~~services~~.

SECTION 51. Section 10.56.060 is hereby amended to read as follows:

10.56.060 Animals imported illegally -- Quarantine, ~~examination~~ examination and disposal restrictions.

All animals brought into the county of Los Angeles in violation of any of the provisions of the ordinance codified in this Division 2 shall be subject to quarantine, examination and test, at the expense of the owner, by the director of public health ~~services~~, who may dispose of such animals to comport with the welfare of the county of Los Angeles and the protection of the health of the animals therein.

SECTION 52. Section 10.60.010 is hereby amended to read as follows:

10.60.010 Holding period before tuberculin injection -- Exception.

No person shall inject or cause to be injected tuberculin into any cattle brought into the county of Los Angeles for a period of 120 days after their arrival, except by permission of the director of public health ~~services~~.

SECTION 53. Section 10.60.030 is hereby amended to read as follows:

10.60.030 Tuberculin tests -- Records required.

The following records of all cattle tuberculin tested in Los Angeles County must be filed with the director of public health ~~services~~ within five days after completion of the test: Owner, address or location of herd, number of cattle in the herd; number of cattle tested, number of cattle reacting, such description as would identify each animal tested, identification number of each animal tested.

SECTION 54. Section 10.60.050 is hereby amended to read as follows:

10.60.050 Testing cattle for tuberculosis authorized when.

Whenever the director of public health ~~services~~ has cause to believe that there is danger that any cattle brought into the county of Los Angeles are afflicted with tuberculosis, he shall cause such cattle to be examined and tested for tuberculosis. Such test or tests may be made at any time within 120 days after the arrival of such cattle into the county of Los Angeles.

SECTION 55. Section 10.60.060 is hereby amended to read as follows:

10.60.060 Dairy and breeding cattle -- Test required before sale -- Exceptions.

It shall be unlawful for any person to sell or offer for sale any cattle for dairy or breeding purposes in the county of Los Angeles, unless such cattle have been examined and tested for tuberculosis within 30 days preceding such sale by a federal or state veterinarian, or the director of public health services, or by a veterinarian duly authorized by such officials to apply such test; provided, that this section shall not apply to cattle which have been regularly tested by representatives of the federal or State Department of Agriculture under the laws, rules and regulations applicable to dairies operating under the Federal Accredited Herd Plan, or the Food and Agricultural Code of the state of California; and further provided that the 30-day period may be waived by the director of public health services at his discretion.

SECTION 56. Section 10.60.070 is hereby amended to read as follows:

10.60.070 Costs of tuberculin testing.

Whenever an owner requests of the director of public health services that his cattle be tested for tuberculosis, the expense of such test shall be borne by the owner, unless said request is made under the provisions of the Food and Agricultural Code of the state of California, and said owner agrees, in writing, to conform in all respects to said state law and the rules and regulations of the director of public health services applying to tuberculin tests and disposal of reacting animals; provided, that whenever five or less cattle are sold for dairy and breeding purposes and test for tuberculosis is required under the provisions of this chapter, the director of public health services shall, at the request of the owner thereof, conduct one such test without charge within a period of six months.

SECTION 57. Section 10.60.080(C) is hereby amended to read as follows:

10.60.080 Branding of tubercular cattle required.

. . . C. No animals so branded shall be slaughtered or disposed of in any manner whatsoever, or removed from the premises where located when branded, unless permission is first obtained from the director of public health ~~services~~ or from the Director of the State Department of Agriculture. . . .

SECTION 58. Section 10.64.010 is hereby amended to read as follows:

10.64.010 Infectious diseases -- Report and quarantine procedures.

A. When the director of public health ~~services~~ has determined that an infectious disease exists among animals in any other county or area of the state of California and the importation of animals from such county or area might spread such disease among the animals within the county of Los Angeles, the director of public health ~~services~~ shall notify the board of supervisors thereof, designating and describing the county or area wherein such disease has been found and shall, with their approval, establish quarantine restrictions against such county or area as the circumstances warrant.

B. The director of public health ~~services~~ may refuse to permit shipments of animals originating in such areas to enter the county of Los Angeles unless accompanied by a certificate signed by a state or federal veterinarian which shall satisfactorily prove that there is no possibility that the animals for which such certificate is issued are infected with or exposed to any infectious disease. Any animals entering the county of Los Angeles from any county or area so described and designated without such certificate may be quarantined by the director of public health ~~services~~ and confiscated or disposed of in such manner as to eliminate any danger of the animals within the county of Los Angeles being exposed to infection from such disease.

SECTION 59. Section 10.64.020 is hereby amended to read as follows:

10.64.020 Duty to report infectious diseases and assist enforcement.

It is hereby made the duty of any person suspecting or having knowledge of the presence of any infectious diseases in animals to report same to the director of public health ~~services~~. It shall be the duty of any person owning or having control of animals to assist the director of public health ~~services~~ to enforce the provisions of this Division 2, to obey all orders of the director of public health ~~services~~ made for the control and eradication of infectious diseases, the sanitation of premises, destruction of animals, and disposal of carcasses, manure, offal, refuse, condemned meat and meat products.

SECTION 60. Section 10.64.030 is hereby amended to read as follows:

10.64.030 Right of entry for inspection -- Quarantine and other protective measures authorized when.

A. Upon information received by the director of public health ~~services~~ of any infectious disease affecting animals within the county of Los Angeles, he shall proceed to thoroughly investigate the same.

B. The director of public health ~~services~~ is hereby empowered to enter any premises where animals are kept, or on which he has reason to believe that animals are kept, in order to carry into effect the provisions of Division 2 of Title 10, and it shall be unlawful for any person to interfere with the official action of the director of public health ~~services~~.

C. The director of public health ~~services~~ may quarantine, for a reasonable period of observation and until such tests as may be required to ascertain the presence or absence of any infectious disease are completed, any animals which are suspected of being infected with or exposed to an infectious disease, or the premises upon which such animals are kept, or both.

D. Upon discovering of any infectious disease affecting animals in the county of Los Angeles, the director of public health ~~services~~ shall have the power and it shall be his duty to establish such quarantine, sanitary, testing, immunizing and police regulations as may be necessary to control or eradicate such disease and prevent the spread thereof to other

animals.

E. The director of public health services may quarantine any animals which may have been exposed to infection from such diseased animals or which may have been located upon the land or premises where such diseased animals have been kept, and thereafter it shall be unlawful for any person to break such quarantine or to move or allow to be moved any such animals from within the premises thus quarantined, or across the quarantine line so established, without first obtaining from the director of public health services a permit to do so. If the director of public health services deems it proper to issue such a permit after inspection, he may cause such animals, premises and vehicles of transportation, and any infected material, equipment or effects, to be properly cleaned and disinfected.

F. The owner of any quarantined animal shall be responsible for bearing all costs incurred by the county as a result of said quarantine.

SECTION 61. Section 10.64.050 is hereby amended to read as follows:

10.64.050 Watercourses -- Protection from quarantined animals and infectious materials.

It shall be unlawful for any person to permit any animals quarantined under Section ~~40-48.030~~ 10.64.030 to have access to any irrigation ditch, stream or other channel in which water is running or may run at any time through such quarantined premises, or to allow such animals to come in contact with other animals which may have access to any irrigation ditch, stream or other channel so mentioned, or to permit the depositing in such irrigation ditch, stream or channel of any manure, offal, excrement or material which might carry infection, or to allow the drainage from any premises so quarantined to come in contact with such irrigation ditch, stream or other channel aforementioned.

SECTION 62. Section 10.64.060 is hereby amended to read as follows:

10.64.060 Glanders disease -- Destruction requirements.

It shall be the duty of the director of public health ~~services~~, whenever the fact shall have been determined by him that any animals are affected with the disease known as glanders, to kill such diseased animals, and have the premises thoroughly cleaned and disinfected, and to order the owner of such animals to cremate, bury or deliver such animals to a rendering works approved by the director of public health ~~services~~. If the owner of such animals fails, neglects or refuses to bury, cremate or deliver same to an approved rendering works within a period of 24 hours from the issuance of such order, the director of public health ~~services~~ shall cause the same to be buried, cremated or delivered to an approved rendering works, at the expense of the county, and the expense of such burial, cremation or delivery to an approved rendering works shall be charged against such owner, to be recovered by action in the name of the county of Los Angeles.

SECTION 63. Section 10.64.070 is hereby amended to read as follows:

10.64.070 Foot-and-mouth disease -- Right of entry for examination -- Holding period authorized.

When the director of public health ~~services~~ has reason to believe that there is a possibility that foot-and-mouth disease exists on any premises in the county of Los Angeles, he shall have the power to enter said premises and to place and keep thereon such animals as may be necessary to determine the presence of foot-and-mouth disease in accordance with the rules and regulations of the United States Department of Agriculture, and to keep them there under his supervision and control for a period not to exceed 50 days.

SECTION 64. Section 10.68.010 is hereby amended to read as follows:

10.68.010 Restraint of animals for testing -- Owner responsibility -- County costs authorized when.

A. The owner or person in charge of animals shall properly confine in stanchions or chutes any animals which the director of public health ~~services~~ may designate for the purpose of

examination, injection, observation, administration of tuberculin or mallein, or other specific tests or procedures.

B. If the owner or person in charge refuses to properly confine such animals for examination or test within 24 hours after he is requested to do so by the director of public health ~~services~~, the director of public health ~~services~~ may employ help and incur such expense as is necessary to properly control such animals for the purposes mentioned.

C. The expense so incurred shall be a lien upon said animals and shall be recovered by action in the name of the county of Los Angeles, unless paid within 10 days after written notice of the amount has been given by the director of public health ~~services~~ to the owner or person in possession of said animals.

SECTION 65. Section 10.72.010 is hereby amended to read as follows:

10.72.010 Duty to report designated diseases -- Form of report.

A. All veterinarians, all persons in charge of kennels and all persons making a business of having charge, custody or control of animals, who have knowledge of or have reason to suspect that an animal is infected with tuberculosis, glanders, anthrax, rabies, actinomycosis, cysticercosis, trichinosis, tuleraemia and coccidiosis, or any other infectious disease which might become epidemic and transmissible to mankind, shall, within 24 hours, report to the director of public health ~~services~~ the following facts:

1. The name and address of the owner of the animal;
2. The number of animals infected;
3. The probable source of infection;
4. The steps taken for control; and
5. The name and address of the person making the report.

B. The director of public health ~~services~~ shall supply appropriate forms on which such reports can be made.

C. In the case of tuberculosis the person making the report shall, in addition to the form prescribed in subsection B, send to the director of public health ~~services~~ a copy of the tuberculin test as prescribed by the State Department of Agriculture.

SECTION 66. Section 10.72.020 is hereby amended to read as follows:

10.72.020 Tissue samples required when.

The director of public health ~~services~~ may require veterinarians who have been in charge of or who have been called upon to treat any animal with any of the following diseases, to submit to him or to a laboratory designated by him, a specimen of tissue for verification of diagnosis: glanders, anthrax, actinomycosis, cysticercosis, trichinosis, tuleraemia and coccidiosis. In the case of rabies, the director of public health ~~services~~ may require the submission of the head of the animal detached from the body.

SECTION 67. Section 10.72.030 is hereby amended to read as follows:

10.72.030 Director of public health ~~services~~ investigation, enforcement and quarantine authority.

It shall be the duty of the director of public health ~~services~~ to make an investigation in the case of all animal diseases transmissible to mankind, and to take such steps as may be necessary for the protection of the public health to prevent the spread of such diseases to mankind, and in the performance of such duty he shall have the authority to enforce such quarantine measures as it may be necessary.

SECTION 68. Section 11.02.010 is hereby amended to read as follows:

11.02.010 Continuation of provisions.

The provisions of the ordinance codified in Division 1 of this Title ~~22~~ 11, insofar as they are substantially the same as existing ordinance provisions relating to the same subject matter, shall be construed as restatements and continuations, and not as new enactment.

SECTION 69. Section 11.02.020 is hereby amended to read as follows:

11.02.020 Director of public health ~~services~~ -- Statutory authority.

The duties of the director of public health ~~services~~ are those set forth in the Health and Safety Code of the state of California, and particularly, but not limited to, those set forth in Chapter 4 2 of Part 2 3 of Division 4 101 of said Code.

SECTION 70. Section 11.02.030 is hereby amended to read as follows:

11.02.030 Director of public health ~~services~~ -- Powers and duties generally.

The director of public health ~~services~~ shall have the authority and duty to make periodic and routine surveys and inspections of all buildings, lots, camps, areas, tracts of land, tents, mobilehome parks, mobilehomes, vehicles, and other premises and places used or intended for use for living quarters, and shall enforce:

- A. Division 1 of this Title 11;
- B. All other ordinances of this county pertaining to the public health and sanitary matters;
- C. Ordinances pertaining to the public health and sanitary matters of those cities which have entered into contracts with the county for such enforcement;
- D. Within the unincorporated territory of the county, and within those cities the governing bodies of which have consented thereto pursuant to Section 476 101375 of the Health and Safety Code:

1. Orders, quarantine regulations and rules prescribed by the State California Department of Public Health Services, and other rules and regulations issued under the provisions of the Health and Safety Code,

2. Statutes relating to the public health.

SECTION 71. Section 11.02.040 is hereby amended to read as follows:

11.02.040 Powers of deputies.

Whenever a power is granted to or a duty imposed upon the director of public health ~~services~~ in this Division 1, the power may be exercised or the duty performed by a duly authorized representative of the director unless this Division 1 expressly provides otherwise.

SECTION 72. Section 11.02.060 is hereby amended to read as follows

11.02.060 Interfering with director's duties prohibited.

No person shall refuse, resist or attempt to resist the entrance of the director of public health ~~services~~ into any railway car, stage, vehicle, building, room, lot or other place or portion thereof in the county of Los Angeles in the performance of his duty, or shall refuse to obey any

lawful order of the director of public health ~~services~~ made in the performance of his duties within the power conferred upon him by state law or by Division 1 of this title.

SECTION 73. Section 11.02.100 is hereby amended to read as follows:

11.02.100 County health officer.

"County health officer" means the director of public health ~~services~~ of the county of Los Angeles, or his duly authorized representative.

SECTION 74. Section 11.02.110 is hereby amended to read as follows:

11.02.110 Health officer and director.

For the purposes of Title 11, "Health officer" and "director" both mean the director of public health ~~services~~ of the county of Los Angeles, or his duly authorized representative, as provided for in Section ~~2.76.020~~ 2.77.050 of this code.

SECTION 75. Section 11.02.200 is hereby amended to read as follows:

11.02.200 Approved.

"Approved" means approved by the director of public health ~~services~~.

SECTION 76. Section 11.04.010 is hereby amended to read as follows:

11.04.010 Director -- Powers and duties generally.

A. Within a reasonable length of time after the receipt by him of a report of a case of contagious, infectious or communicable disease, the director of public health ~~services~~ shall make such investigation and take such measures as in his opinion and uncontrolled discretion may be necessary to prevent spread of said disease and to enforce the provisions of this Division 1 and statutes, particularly, but not limited to, the Health and Safety Code and the Regulations of the ~~State Board of Public Health for Communicable Disease Prevention and Control~~ California Department of Health Services.

B. In such cases, the director shall collect and submit to the county public health department laboratory, or to another laboratory approved by the ~~State Board of Public Health~~

California Department of Health Services, such samples and laboratory specimens as may be necessary to determine the diagnosis, source of infection, and possible infection of persons who have been in contact with the source of infection, of said contagious, infectious or communicable diseases. In such cases, the director shall, when he determines it necessary to assure compliance with his quarantine or isolation regulations or orders, post guards on or adjacent to the premises where a contagious, infectious or communicable disease exists.

SECTION 77. Section 11.04.020 is hereby amended to read as follows:

11.04.020 Isolation or quarantine authorized when.

A. The director may remove any person affected or reasonably suspected of being affected with a contagious, infectious or communicable disease to a suitable place of isolation or quarantine when the director deems such action necessary to protect the patient and the public health.

B. In such instances where the patient involved may be classed as indigent according to the requirements and standards of the Los Angeles County department of ~~charities~~ public social services, removal shall be to a suitable facility which has been established and maintained for the treatment and isolation of contagious, infectious or communicable diseases by the county of Los Angeles through the department of ~~charities~~ health services directly, or by contract with other persons, bodies or institutions.

C. In the instance of communicable disease patients other than indigents, the director shall attempt to secure isolation and treatment in private institutions having facilities which, in the opinion of the director, are adequate for proper isolation; but if such private institutions be not found available and, in his opinion, hospital isolation and care continue necessary, said nonindigent contagious person shall be committed to the ~~superintendent~~ director of the department of ~~charities~~ health services, who shall provide facilities in county institutions or hospitals for proper isolation and treatment.

D. Return of such communicable disease patients from isolation in a hospital or other isolation facilities to community living shall be on authorization of the director.

SECTION 78. Section 11.04.030 is hereby amended to read as follows:

11.04.030 Physicians -- Report of disease required when.

Any report of the existence of a contagious, infectious or communicable disease required by any physician or any other person by the provisions of the Health and Safety Code and the Regulations of the ~~State Department of Public Health~~ California Department of Health Services shall, in addition to the matters require to be reported by such statute or regulation, further state whether the patient or any member of the patient's household is engaged in the handling or sale of milk or other foodstuff for human consumption or is engaged in teaching or working in a school or in caring for children other than those of the patient's own immediate family.

SECTION 79. Section 11.04.050 is hereby amended to read as follows:

11.04.050 Physicians -- Specimen submittal.

Any physician in attendance on a person suffering from any disease which is, or which the physician suspects or has reason to suspect as being, contagious, infectious or communicable, shall submit to the director or to a laboratory approved by the ~~State Board of Public Health~~ California Department of Health Services for examination, such specimens required or demanded by the director for establishing the diagnosis and control of such disease.

SECTION 80. Section 11.04.100 is hereby amended to read as follows:

11.04.100 Quarantine -- Leaving and entering premises -- Limitations.

It is unlawful for any person residing or being in any place which is quarantined by the director to leave, nor shall any unauthorized person enter such place without the written consent of the director; provided, however, that the physician in attendance, any registered nurse in attendance, the clergyman, undertaker, or any member of the department of public health services, in performance of their duties, may have access to the quarantined household or any persons therein under such regulations as may be adopted from time to time by the director. Any permits issued under authority of this section may be revoked upon failure to comply with the regulations governing the issuance of such permits.

SECTION 81. Section 11.04.180 is hereby amended to read as follows:

11.04.180 Burial permits.

For every burial permit issued pursuant to the Health and Safety Code, the applicant shall pay to the director, and the director shall collect ~~\$1.00~~ the fee authorized pursuant to Health and Safety Code section 100430, except that no fee shall be charged for a burial permit of a person who died while in any branch of the armed forces during time of war.

SECTION 82. Section 11.04.210 is hereby amended to read as follows:

11.04.210 Confinement of biting animals -- Procedure generally.

The biting animal shall be quarantined, confined and observed for at least 14 days (dogs and cats, 10 days) after the day of infliction of the bite, with the exception that the following alternative to the 10-day isolation of dogs and cats is permitted: dogs or cats which have been isolated in strict confinement, under proper care and under observation of a licensed veterinarian, in a pound, ~~veterinary~~ veterinary hospital or other adequate facility, in a manner approved by the ~~local health officer~~ director of public health, may be released from isolation by the ~~local health officer~~ director after five days of veterinary observation if, upon conducting a thorough physical examination on the fifth day or more after infliction of the bite, the observing veterinarian certifies that there are no clinical signs or symptoms of any disease

SECTION 83. Section 11.04.225 is hereby amended to read as follows:

11.04.225 Fee for Confinement of Biting Animals.

A. Under the conditions described in subsection B of this section, the county shall recover a fee of \$50.00 for the costs incurred by the department of public health in the confinement of a biting animal as described in Sections 11.04.200, 11.04.210 and 11.04.220. The county shall also recover any related costs, including care and feeding of the confined animal, and any reasonable costs that it may incur in connection with the collection of such fees.

B. The fee shall be assessed when:

1. The director of public health or his designee confines an animal described in Section

11.04.200 on the owner or custodian's premises and the victim of the bite is not the owner or custodian of the animal; and

2. The victim was not engaged in an illegal activity against the person or on the property of the owner or custodian.

C. Notwithstanding the above, the fee shall not be assessed when the animal is a police dog or guide dog as defined in California Health and Safety Code Sections 1919 and 1919.1.

D. The director or his designee may waive, in full or in part, the above fee, if necessary to accomplish the protection of animal or public health, safety or welfare.

SECTION 84. Section 11.06.020 is hereby amended to read as follows:

11.06.020 Fee schedule.

The director of public health ~~services~~ shall from time to time review, adopt, amend, repeal and enforce rules and regulations for the protection of the public health, safety and general welfare. Such rules and regulations may include a schedule of fees to pay for cost of services provided pursuant to Title 8 and Title 20 of this code.

SECTION 85. Section 11.10.130 is hereby amended to read as follows:

11.10.130 Additional requirements authorized when.

The director of public health ~~services~~ may impose such additional requirements upon particular food demonstrators, and the manner of their operation, depending upon special circumstances respecting the type of food and the manner and location of its distribution and display, as are required for the protection of the public health.

SECTION 86. Section 11.11.010 is hereby amended to read as follows:

11.11.010 Definitions.

As used in this chapter:

A. "Certified food handler" means an owner, operator, or any other person at least 18 years of age who supervises all or part of the food service operations within a food service operation and is responsible for training the operation's employees in the areas set forth in

Section 11.11.040. At the discretion of the director, and upon a showing of good cause, the director may waive the requirement that a certified food handler be at least 18 years of age.

B. "Department" means the county of Los Angeles, department of public health ~~services~~.

C. "Director" means the director of the department of public health ~~services~~ or his duly authorized designee.

D. "Food handler's training certificate" means a certificate issued by the department, certifying that a food handler has satisfactorily demonstrated competency in food protection and practices by passing a written examination administered by the department or by completing a food handler's training course approved by the director.

E. "Food service operation" means any food service business which prepares any potentially hazardous food on the premises for sale or gift to the public and includes but is not limited to all restaurants, markets, bakeries, mobile food preparation units, commissaries, and food processing establishments.

F. "Potentially hazardous food" means those foods set forth in California Health and Safety Code Section 113845 as it currently exists or hereafter may be amended.

SECTION 87. Section 11.11.140 is hereby amended to read as follows:

11.11.140 Notice of decision.

The director shall issue a written notice of decision to ~~The~~ the certified food handler within five working days of the hearing. The notice of decision shall specify the acts or omissions with which the certified food handler is charged and shall specify either that the certificate remains revoked or that it has been reinstated.

SECTION 88. Section 11.12.030 is hereby amended to read as follows:

11.12.030 Water supply.

All water supplies used by restaurants, itinerant restaurants, temporary refreshment stands, vending machines, hawkers' vehicles, food establishments, slaughterhouses, children's camps and institutions shall be of adequate amount, and of a safe, sanitary quality, and from a source and distribution system approved by the director of public health ~~services~~.

SECTION 89. Section 11.12.230(E), is hereby amended to read as follows:

11.12.230 Foods -- Sanitation requirements generally.

E. The retail vending of potentially hazardous food, as defined in Health and Safety Code Section ~~27534~~ 113847 from other than a "food facility" ~~as defined in the Health and Safety Code, Section 27521, or a~~ "food establishment" as defined in Los Angeles County Code, Title 11, Section 11.02.260, is hereby prohibited.

SECTION 90. Section 11.13.010 is hereby amended to read as follows:

11.13.010 Scope of this chapter.

Pursuant to Section ~~27505~~ 113725 of the Health and Safety Code, the director of public health ~~services~~ has the primary responsibility for enforcement, within the county of Los Angeles, of the California Uniform Retail Food Facilities Law, which governs the operation of retail food vehicles. This chapter is enacted to protect the public health and safety, to provide uniform standards of enforcement of the state law concerning retail food vehicles, and to enable individual food vehicle operators of no more than two vehicles to store and clean their food vehicles at or near their homes.

SECTION 91. Section 11.13.030 is hereby amended to read as follows:

11.13.030 Requirements for food vehicle commissaries and food vehicle cleaning and storage facilities.

A food vehicle commissary or food vehicle cleaning and storage facility, at which food vehicle cleaning and storage is permitted, shall:

- A. Have protection from unclean or unsanitary conditions;
- B. Have walls that are light-colored, durable, smooth, nonabsorbent, washable surfaces and ceilings that are light-colored, durable, smooth and cleanable;
- C. Have a floor surface that is smooth, impervious, and easily cleanable, and, where the vehicles are washed or waste water is emptied from the holding tank, the floor shall slope to a floor drain, the floor surface being coved at the juncture of the floor and wall with a three-

eighths-inch minimum-radius coving that extends up the wall at least four inches;

D. Have a minimum two-compartment metal sink with integral metal drainboards meeting NSF standards whenever there are utensils associated with the operation of the vehicle, the compartments being large enough to accommodate the largest utensil washed;

E. Have toilet and handwash facilities pursuant to Title 24 of the California ~~Administrative~~ Code of Regulations;

F. Have hot and cold water under pressure for washdown of the vehicles, with appropriate backflow protection to protect the potable water supply; and

G. Have suitable facilities for servicing vehicles with potable water, pursuant to Title 17 of the California ~~Administrative~~ Code of Regulations.

SECTION 92. Section 11.16.010 is hereby amended to read as follows:

11.16.010 Collection and disposal regulations -- Enforcement authority.

The director of public health ~~services~~ shall enforce all laws, ordinances and regulations pertaining to the collection and disposal of garbage, and combustible and noncombustible rubbish, within garbage disposal districts.

SECTION 93. Section 11.16.040 is hereby amended to read as follows:

11.16.040 Feeding garbage and market refuse to animals -- Restrictions.

A person may feed garbage and market refuse to fowls or animals when such feeding does not constitute a nuisance or a menace to public health, and when such feeding is in compliance with such conditions as may be imposed by the director of public health ~~services~~.

SECTION 94. Section 11.16.090 is hereby amended to read as follows:

11.16.090 Keeping animals and birds -- Location restrictions and sanitation requirements.

A person shall not keep any animal, fowl or bird, wild or domestic, other than cats, dogs, canaries or birds of the psittacine family, within 35 feet of any restaurant, food establishment,

residence, or dwelling, or other building used for the habitation of human beings, or within 100 feet of any school building, hospital building or similar institution building. It is unlawful to keep or maintain a premises, yard, coop or building in which fowl or animals are maintained in a foul or insanitary condition. The provisions of this section regarding distances shall not apply to accredited laboratories regulated by the ~~State Department of Public Health California~~ Department of Health Services.

SECTION 95. Section 11.22.280 is hereby amended to read as follows:

11.22.280 Requirements generally -- Supply approval by director.

Every place of employment where two or more persons are employed shall be adequately supplied at all times with running water under pressure for use by human beings for both drinking and face and body washing purposes. Such supply and the facilities, and the location of such facilities, must be approved by the director of public health services.

SECTION 96. Section 11.22.660 is hereby amended to read as follows:

11.22.660 Review and updating of regulations.

It shall be the policy of the department of public health services to continuously review new data concerning toxic substances and to keep this Division 1 and the Rules and Regulations established by this Division 1 up to date.

SECTION 97. Section 11.24.040 is hereby amended to read as follows:

11.24.040 Communicable disease control measures.

A. Whenever, because of an unusually high incidence of communicable disease in the community, the director deems it necessary, he may order that each child, before enrolling in a private school, private boarding school, day nursery, day nursery school and children's boarding home, be inspected for signs of communicable disease. Such inspections shall be made by and certified to, in writing, within 24 hours of enrollment, by a physician in good professional standing or by the director, and must reveal that such child showed no signs of communicable disease which would cause the child's association with other children to be in

any way detrimental to their health.

B. Every child, upon returning after an illness of more than three days to a private school, private boarding school, day nursery, day nursery school or children's boarding home, shall present a certificate, signed by a physician in good professional standing or, other practitioner authorized or permitted by law to practice in this state, or by the director, stating that personal inspection of said child within 24 hours immediately preceding had revealed no signs of a communicable disease which would cause the child's association with other children to be in any way detrimental to their health. Daily, on admission, each child shall be inspected for suspicious signs of communicable disease, and if a child is under six years of age, such inspection shall be made before the child mingles with others. It shall be the duty of the principal, or other person in charge of any of the institutions referred to in this section, immediately to isolate any child or other person affected with an illness presumably communicable, and immediately make arrangements for his care in isolation quarters or exclusion from the institutions as required by the director. Whenever required by Section ~~3425~~ 120250 of the Health and Safety Code, the department of public health ~~services~~ shall be notified that such child has been isolated or excluded, pending presentation of a readmission certificate. If the attending physician, school physician, or the director finds, upon examination, that the child is not suffering from a communicable disease, he may submit a certificate to this effect to the school authority, who shall readmit the person. (Section 2526, Title 17, California ~~State Administrative Code~~ of Regulations.)

C. If upon examination the child is found to be suffering from a communicable disease which, according to State Health Department regulations is subject to strict isolation or quarantine of contacts, Section ~~3448~~ 120545 of the California Health and Safety Code shall apply. "No instructor, pupil or child who resides where any contagious, infectious, or communicable disease exists or has recently existed, which is subject to strict isolation or quarantine of contacts, shall be permitted by any superintendent, principal, or teacher of any college seminary or public or private school to attend the college, seminary, or school, except by the written permission of the Health Officer." If upon examination the child is found to be suffering from a communicable disease other than one requiring strict isolation or quarantine,

the readmission certificate or permit may be signed by the attending physician, school physician or director of public health ~~services~~.

SECTION 98. Section 11.24.100 is hereby amended to read as follows:

11.24.100 Drugs and poisons -- Proper storage.

All poisons and drugs in an institution shall be kept in locked cupboards or stored in a safe manner approved by the department of public health ~~services~~.

SECTION 99. Section 11.24.160 is hereby amended to read as follows:

11.24.160 Kitchens -- Sanitation of utensils.

All dishes, glasses and other utensils used in the preparation and serving of food shall be free from cracks and chips. All eating and drinking utensils, except single-service, shall be thoroughly cleaned and then effectively subjected to ~~one of the following sanitizing processes after each usage:~~

A. ~~S~~sanitization in an approved dishwashing machine providing 180 degree Fahrenheit hot rinse water, in accordance with the manufacturer's instructions and the standards of the National Sanitation Foundation.

~~B. Where an approved mechanical dishwasher is not required or provided, institutions, except hospitals and mental institutions, shall sanitize all multi-use eating and drinking utensils by a method approved by the State Department of Public Health as required in Section 28629 of the Health and Safety Code.~~

SECTION 100. Section 11.34.010, subparagraph A, is hereby amended to read as follows:

11.34.010 Definitions.

A. "Director" means the director of public health ~~services~~ of the county of Los Angeles, or his duly authorized representative, as provided for in Section ~~2.76.020~~ 2.77.050 of this code.

SECTION 101. Section 11.34.200 is hereby amended to read as follows:

11.34.200 Hearings -- Referee qualifications and compensation.

Any referee appointed by the director shall be an employee of the county, not an officer thereof, and shall be a person who regularly performs his employment duties for the department of public health services of the county. Any such person so appointed as referee shall serve without any additional compensation, and all time spent as referee shall be considered to have been spent by such person in performing the employment duties of his other position.

SECTION 102. Section 11.36.170 is hereby amended to read as follows:

11.36.170 Department.

"Department" means the Los Angeles County department of public health services.

SECTION 103. Section 11.38.170 is hereby amended to read as follows:

11.38.170 Permit -- Scope of work authorized -- Suspension or revocation conditions.

A permit shall be valid only for the location described on the permit. Construction, reconstruction or destruction of a well shall be carried out in compliance with all applicable regulations and requirements of the director of public health services and with all ordinances and laws of the county of Los Angeles and of the state of California, and shall comply with the terms and conditions specified in the permit. If any of such conditions, regulations, ordinances or laws are not complied with, the director of public health services may suspend or revoke the permit by mailing or personally serving written notice of suspension or revocation upon the applicant.

SECTION 104. Section 11.38.470 is hereby amended to read as follows:

11.38.470 Location specifications -- Private sewage disposal systems.

When the installation of private sewage disposal systems is permitted by the provisions of pertinent ordinances, the locations of such systems shall conform to the following table:

Location of Sewage Disposal Systems

Minimum Distance in Clear Required From:

| House Sewer | Septic Tank | Disposal Seepage Pit Field or Cesspool | | |
|----------------|----------------|---|----------|---|
| 2 feet | 5 feet | 8 feet | 8 feet | Buildings or structures |
| Clear | 5 feet | 5 feet | 8 feet | Property line adjoining private property** |
| 50 feet | 50 feet | 50 feet | 100 feet | Water supply wells** |
| 50 feet | 50 feet | 50 feet | 100 feet | Streams** |
| ---- | 10 feet | 10 feet | 10 feet | Large trees |
| ---- | 5 feet | 5 feet | 12 feet | Seepage pits or cesspools* |
| ---- | 5 feet | 4 feet | 5 feet | Disposal field* |
| 1 foot | 5 feet | 5 feet | 5 feet | Domestic water line** |
| 25 feet | 25 feet | 25 feet | 25 feet | Gravity domestic water lines |

NOTE: *Distribution boxes must be separated from seepage pits or disposal field by at least five feet of tight line.

**Where special hazards are involved, the distance required may be increased, as may be directed by the director of public health services.

SECTION 105. Section 11.38.480 is hereby amended to read as follows:

11.38.480 Backflow prevention devices.

A. Qualified Testers. No person shall test and make reports on backflow prevention devices as required in Title 17 of the California ~~Administrative Code~~ of Regulations unless he has a certificate of competence issued by the director. The director may conduct examinations to determine the competency of any person desiring to test and make reports on backflow prevention devices for the purpose of complying with the requirements of Title 17 of the California ~~Administrative Code~~ of Regulations. Those persons who have been determined by the director to be competent shall receive from the director a certificate of competence. It is unlawful for any person to maintain a backflow prevention device unless it is tested at least annually.

B. Test Required. Backflow prevention devices which have been installed to meet the requirements of Title 17 of the California ~~Administrative Code~~ of Regulations shall be tested at least once each calendar year by a person having received a certificate of competence from the director. Records of such tests shall be filed with the director within 30 days after such tests, upon forms provided by the director.

C. Devices in Good Repair. It is unlawful to use any backflow prevention device installed to meet the requirements of Title 17 of the California ~~Administrative Code~~ of Regulations unless it is in good repair. Devices which are defective shall be repaired and tested immediately upon being put into use, and a report of such shall be filed with the director within 30 days after such test.

D. Director may distribute to the public a list of those persons certified under paragraph A. above and may charge \$159.00 for inclusion on such list.

SECTION 106. Section 12.08.180 is hereby amended to read as follows:

12.08.180 Health officer.

"Health officer" means the director of the department of public health services of the county of Los Angeles, or his duly authorized representative.

SECTION 107. Section 20.04.350 is hereby amended to read as follows:

20.04.350 Health officer.

"Health officer" means the director of public health services of ~~this~~ the county of Los Angeles, or his duly authorized representative.

SECTION 108. Section 20.20.080 is hereby amended to read as follows

20.20.080 County health officer.

"County health officer" means the director of public health services of the county of Los Angeles, or his duly authorized ~~deputy, agent, representative or inspector~~.

SECTION 109. Section 20.32.090(D) is hereby amended to read as follows:

20.32.090 Permit for use of temporary facilities -- Conditions.

. . . D. The temporary sewage disposal system is approved by the county engineer, the director of public health services, and all other state and local regulatory agencies having jurisdiction. The conditions for such approvals shall include a stated time limit for the use of such temporary system, and shall provide for the termination of such use and the connection to the guaranteed permanent sewage disposal system; . . .